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SPECIAL 5TH ANNIVERSARY ISSUE!

BLACK and BLUE
OUR DOMESTIC VIOLENCE DILEMMA
BY ULESTER DOUGLAS

EX-GAY MINISTRIES: A BALD-FACED LIE!
BY WAYNE BESEN

PLUS!
DUTCH CHOCOLATE: A TASTE OF BLACK GAY LIFE IN AMSTERDAM
BY ROSALIND LLOYD

10 EASY STEPS TO RE-ENERGIZE YOUR LIFE!
BY STEVEN FULLWOOD

VENUS LANDIN
MAY 17, 1961-MARCH 2, 1993

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0 74470 90948 4
Vol. 4 No. 4 $2.95 US

If you're HIV+,

Being HIV+ isn't easy.

It's a daily challenge that can take all you've got. It helps to have an advantage – to lighten your load and keep you going. Federal healthcare guidelines now call for including a potent protease inhibitor as part of combination treatments to fight HIV. Consider these reasons to make the protease inhibitor CRIXIVAN the foundation of your treatment regimen.

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce the chance of illnesses and death associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Some patients may not experience these effects. CRIXIVAN is not a cure for HIV or AIDS.

New NIH research showed people taking CRIXIVAN in triple therapy lived longer and experienced fewer opportunistic infections.

Recent year-long research conducted by the National Institutes of Health (Protocol ACTG 320) studied over 1,000 patients and confirmed results from another study.

The group of patients receiving CRIXIVAN along with 3TC and AZT achieved a reduction in deaths and AIDS-defining illnesses over those taking 3TC and AZT alone. This reduction was significant enough for the NIH to recommend the study be stopped, so that all participants could benefit from the findings. Because the study was ended early, there was insufficient data to determine the statistical impact of CRIXIVAN on survival.

CRIXIVAN in triple therapy continues to hold serum viral load down below the limit of detection at the one year mark.

In a separate, ongoing landmark study, over 90% of the 31 patients receiving CRIXIVAN, AZT, and 3TC reduced their HIV serum viral load below the limit of detection after 24 weeks (as measured by available tests; the virus may still be present in other organ systems).

Importantly, the limited number of patients who chose to stay with the study for longer periods of time maintained these results through the one year mark.

CRIXIVAN is generally well tolerated.

CRIXIVAN can be taken with a light meal or on an empty stomach. There are side effects associated with protease inhibitors in general and CRIXIVAN in particular. Some patients treated with CRIXIVAN may develop kidney stones. For some, this can lead to more severe kidney problems including kidney failure. Drinking at least 6 glasses of water each day may help reduce the chance of forming a kidney stone. Other side effects reported include rapid breakdown of red blood cells and liver problems. There are some common medications and AIDS-related medications you should not take with CRIXIVAN. Discuss all medications you are taking or plan to take with your doctor.

As with other protease inhibitors, increased bleeding in some patients with hemophilia and increased blood sugar levels or diabetes have been reported. Please read the following page for detailed information on side effects and dosing.

CRIXIVAN may help you live a longer, healthier life.

CRIXIVAN is the number one choice of doctors.*

CRIXIVAN is prescribed for more patients than any other protease inhibitor. With this commitment to CRIXIVAN comes a commitment to product improvements and further research in the battle against HIV. CRIXIVAN is being studied in a broad range of patients and in many different combinations. Ask your doctor for the latest news and developments.

* IMS America; 3/96 - 2/98.

Focus on the rest of your life.

Learn all you can about HIV therapy. Talk with your doctor. Stay informed and stay the course. With viral load below the limit of detection and an increase in CD4 T-cells, it's easier to look forward to the future with confidence.

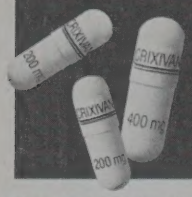
Please read the following page for more detailed information about CRIXIVAN.

Remember to ask your doctor about CRIXIVAN.

CRIXIVAN®
(indinavir sulfate)
Capsules

Going the distance.

MERCK www.crixivan.com



CRIXIVAN®
(indinavir sulfate)
Capsules

Patient Information about CRIXIVAN* (KRIK-sih-van)
for HIV (Human Immunodeficiency Virus) Infection
Generic name: indinavir (in-DIH-nuh-veer) sulfate

Please read this information before you start taking CRIXIVAN. Also, you should read the information included with CRIXIVAN each time you receive your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss CRIXIVAN when you start taking your medication and at regular checkups. You should remain under a doctor's care when using CRIXIVAN and should not change or stop treatment without first talking with your doctor.

What is CRIXIVAN?

CRIXIVAN is an oral capsule used for the treatment of HIV (Human Immunodeficiency Virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome). CRIXIVAN is a type of HIV drug called a protease (PRO-tee-ase) inhibitor.

How does CRIXIVAN work?

CRIXIVAN is a protease inhibitor that fights HIV. CRIXIVAN can help reduce your chances of getting illnesses associated with HIV. CRIXIVAN can also help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. CRIXIVAN may not have these effects in all patients.

CRIXIVAN is usually prescribed with other anti-HIV drugs such as ZDV (also called AZT), 3TC, ddI, ddC, or d4T. CRIXIVAN works differently from these other anti-HIV drugs. Talk with your doctor about how you should take CRIXIVAN.

CRIXIVAN has been studied in adults. The safety and effectiveness of CRIXIVAN in children and adolescents have not been established.

How should I take CRIXIVAN?

There are six important things you must do to help you benefit from CRIXIVAN:

1. **Take CRIXIVAN capsules every day as prescribed by your doctor.** Continue taking CRIXIVAN unless your doctor tells you to stop. Take the exact amount of CRIXIVAN that your doctor tells you to take, right from the very start. To help make sure you will benefit from CRIXIVAN, you must not skip doses or take "drug holidays." If you don't take CRIXIVAN as prescribed, the activity of CRIXIVAN may be reduced (due to resistance).
2. **Take CRIXIVAN capsules every 8 hours around the clock, *every day.*** It may be easier to remember to take CRIXIVAN if you take it at the same time every day. If you have questions about when to take CRIXIVAN, your doctor or health care provider can help you decide what schedule works for you.
3. **If you miss a dose by more than 2 hours, wait and then take the next dose at the regularly scheduled time.** However, if you miss a dose by less than 2 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of CRIXIVAN at any one time.
4. **Take CRIXIVAN with water.** You can also take CRIXIVAN with other beverages such as skim or non-fat milk, juice, coffee, or tea.
5. **Ideally, take each dose of CRIXIVAN without food but with water at least one hour before or two hours after a meal.** Or you can take CRIXIVAN with a light meal. Examples of light meals include:
   - dry toast with jelly, juice, and coffee (with skim or non-fat milk and sugar if you want)
   - corn flakes with skim or non-fat milk and sugar

   Do not take CRIXIVAN at the same time as any meals that are high in calories, fat, and protein (for example — a bacon and egg breakfast). When taken at the same time as CRIXIVAN, these foods can interfere with CRIXIVAN being absorbed into your bloodstream and may lessen its effect.
6. **It is critical that you drink at least six 8-ounce glasses of liquid (preferably water) throughout the day, every day. CRIXIVAN can cause kidney stones.** Having enough fluids in your body should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Does CRIXIVAN cure HIV or AIDS?

CRIXIVAN is not a cure for HIV or AIDS. People taking CRIXIVAN may still develop infections or other conditions associated with HIV. Because of this, it is very important for you to remain under the care of a doctor. Although CRIXIVAN is not a cure for HIV or AIDS, CRIXIVAN can help reduce your chances of getting illnesses, including death, associated with HIV. CRIXIVAN may not have these effects in all patients.

Does CRIXIVAN reduce the risk of passing HIV to others?

CRIXIVAN has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take CRIXIVAN?

Do not take CRIXIVAN if you have had a serious allergic reaction to CRIXIVAN or any of its components.

What other medical problems or conditions should I discuss with my doctor?

Talk to your doctor if:

- You are pregnant or if you become pregnant while you are taking CRIXIVAN. We do not yet know how CRIXIVAN affects pregnant women or their developing babies.
- You are breast-feeding. You should stop breast-feeding if you are taking CRIXIVAN.

Also talk to your doctor if you have:

- Problems with your liver, especially if you have mild or moderate liver disease caused by cirrhosis.
- Problems with your kidneys.
- Diabetes
- Hemophilia

Tell your doctor about any medicines you are taking or plan to take, including non-prescription medicines.

*Can CRIXIVAN be taken with other medications?***

Drugs you should not take with CRIXIVAN:

SELDANE® (terfenadine)	HISMANAL® (astemizole)
VERSED® (midazolam)	HALCION® (triazolam)
PROPULSID® (cisapride)	Ergot medications (e.g., Wigraine® and Cafergot®)

Taking CRIXIVAN with the above medications could result in serious or life-threatening problems (such as irregular heartbeat or excessive sleepiness).

In addition, you should not take CRIXIVAN with rifampin, known as RIFADIN®, RIFAMATE®, RIFATER®, or RIMACTANE®.

Drugs you can take with CRIXIVAN include:

RETROVIR® (zidovudine, ZDV also called AZT)	BIAXIN® (clarithromycin)
TAGAMET® (cimetidine)	isoniazid (INH)
DIFLUCAN® (fluconazole)	ORTHO-NOVUM 1/35® (oral contraceptive)
EPIVIR™ (lamivudine, 3TC)	ZERIT® (stavudine, d4T)

BACTRIM®/SEPTRA® (trimethoprim/sulfamethoxazole)

VIDEX® (didanosine, ddI) — If you take CRIXIVAN with VIDEX®, take them at least one hour apart.

MYCOBUTIN® (rifabutin) — If you take CRIXIVAN with MYCOBUTIN®, your doctor may adjust both the dose of MYCOBUTIN and the dose of CRIXVAN.

NIZORAL® (ketoconazole) — If you take CRIXIVAN with NIZORAL®, your doctor may adjust the dose of CRIXIVAN.

Talk to your doctor about any medications you are taking.

What are the possible side effects of CRIXIVAN?

Like all prescription drugs, CRIXIVAN can cause side effects. The following is **not** a complete list of side effects reported with CRIXIVAN when taken either alone or with other anti-HIV drugs. Do not rely on this page alone for information about side effects. Your doctor can discuss with you a more complete list of side effects.

Some patients treated with CRIXIVAN developed kidney stones. In some of these patients this led to more severe kidney problems, including kidney failure or inflammation of the kidneys. Drinking at least six 8-ounce glasses of liquid (preferably water) each day should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Some patients treated with CRIXIVAN have had rapid breakdown of red blood cells (hemolytic anemia) which in some cases was severe or resulted in death.

Some patients treated with CRIXIVAN have had liver problems including liver failure and death. Some patients had other illnesses or were taking other drugs. It is uncertain if CRIXIVAN caused these liver problems.

Diabetes and high blood sugar (hyperglycemia) have occurred in patients taking protease inhibitors. In some of these patients, this led to ketoacidosis, a serious condition caused by poorly controlled blood sugar. Some patients had diabetes before starting protease inhibitors, others did not. Some patients required adjustments to their diabetes medication. Others needed new diabetes medication.

In some patients with hemophilia, increased bleeding has been reported.

Clinical Studies

Increases in bilirubin (one laboratory test of liver function) have been reported in approximately 10% of patients. Usually, this finding has not been associated with liver problems. However, on rare occasions, a person may develop yellowing of the skin and/or eyes.

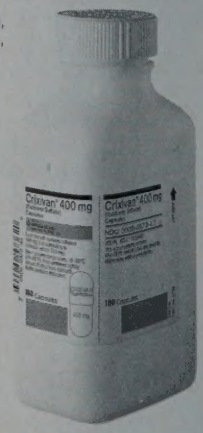
Side effects occurring in 2% or more of patients included: abdominal pain, fatigue or weakness, flank pain, feeling unwell, nausea, diarrhea, vomiting, acid regurgitation, loss of appetite, dry mouth, back pain, headache, trouble sleeping, dizziness, taste changes, rash, upper respiratory infection, dry skin, and sore throat.

Swollen kidneys due to blocked urine flow occurred rarely.

Marketing Experience

Other side effects reported since CRIXIVAN has been marketed include: abdominal swelling; inflammation of the kidneys; increased fat appearing in areas such as the neck, abdomen, and back; change in skin color; severe skin reactions; hair loss; crystals in the urine; and allergic reactions.

Tell your doctor promptly about these or any other unusual symptoms. If the condition persists or worsens, seek medical attention.



How should I store CRIXIVAN capsules?

- Keep CRIXIVAN capsules in the bottle they came in and at room temperature (59°F-86°F).
- Keep CRIXIVAN capsules dry by leaving the small desiccant "pillow" in the bottle. Keep the bottle closed.

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep CRIXIVAN and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

This provides a summary of information about CRIXIVAN. If you have any questions or concerns about either CRIXIVAN or HIV, talk to your doctor.

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CRIXIVAN®
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Capsules

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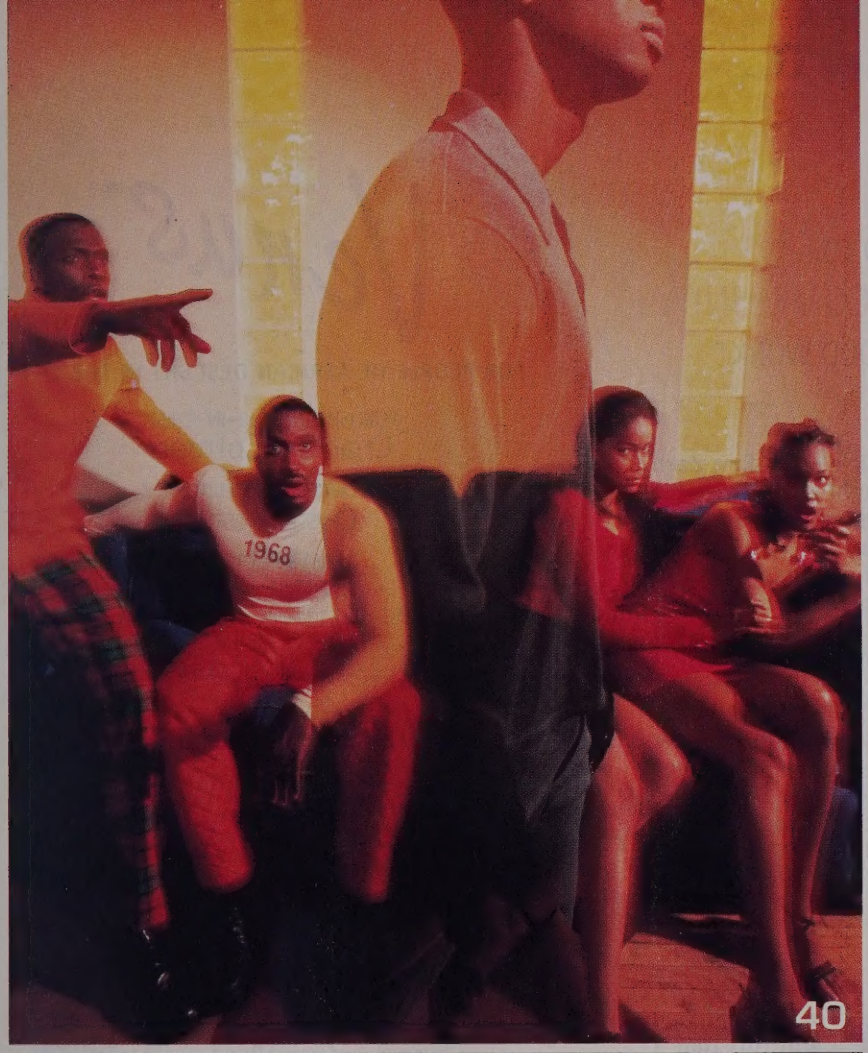

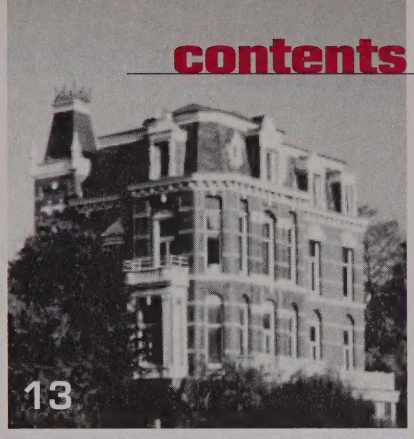

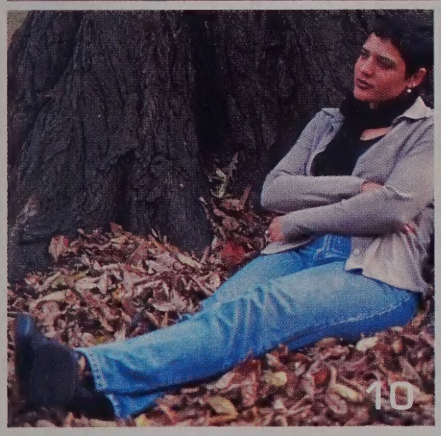

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"VENUS IS JUST WHAT WE NEED TO KEEP OUR DIVERSE COMMUNITY CONNECTED. KEEP UP THE GOOD WORK."

REJOICE!

My soul rejoiced while reading the article about Rev. Zach entitled, "Man on a Mission!" It brought great joy to me (a black, gay, Charismatic, Pentecostal minister) to know that such a ministry exists and is being effective (and accepted) in the African American community. Thanks so much for printing the article. There are those in our community who cannot identify with the music, worship and style of preaching teaching found in most MCC churches. They either leave church altogether, remain where they are and get "preached at or about," are "verbally" berated and abused (by traditional preachers) or attend other gay and lesbian congregations where there is acceptance but the worship is not fully satisfying. Unity Fellowship can be an answer for many. I trust that being aware of the ministry of Unity Fellowship will bring hope to many. God Bless and continued success in the future.

Rev. Lonnie Parks
Dallas, Texas

OUT ON THE JOB

I really think the last issue of Venus [Vol.4 No. 3] was phenomenal! I usually enjoy each issue but this time I even it took it to work to share with my co-workers. Although most of them are straight, I almost didn't get my copy back. The article "Black Gays in Corporate America" helped to settle an office water-cooler wager about how willing we [black gay men] are to be 'out' on the job. Most people in my office believed that there were no 'out' black gay men in upper management for obvious reason, and they also believed that I was a little crazy for coming out at such a critical stage in my career but you've proven them all wrong in writing with photos! I love it!!

Harold Dixon
Albany, NY

COVER TO COVER

It's rare that I pick up any publication and just read it cover to cover. I must say however, that this is my usual pattern with *Venus*. Your most recent edition "Black Gays In Corporate America" with Bill T. Jones on the cover (Vol.4 No.3, 1998) was no exception.

I found myself reading article after article from "Rev. Zach" to "Fem and Fit" to all of the side bars on the excellent "Black Gays In Corporate America" series. Although saddened by her story, I was pleased to see the writing from an e-mail acquaintance Martina Downey.

Venus is just what we need to keep our diverse community connected.

Please keep up the good work

Chuck Tarver
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Venus™

FOR PEOPLE OF AFRICAN DESCENT IN THE LIFE

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NATIONAL ADVERTISING SALES
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Venus Magazine is published
4 times a year by
Cothran Publications, Inc.
P.O. Box 150
Hastings on Hudson, NY 10706
914-376-6161
Fax 914-376-1666
Email:editor@venusmagazine.com
www.venusmagazine.com

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Several of my Atlanta buddies got a real belly-roll laugh when I sent them all an 'autographed copy' of the very first issue of Venus. Knowing them as I do, I'm pretty sure the phone chatter probably went something like...

"...She's not *really* going to try to do this is...IS she?"

"Well, you know Miss Thing is likely to pull it off!"

I had gained a reputation in the local BLGT community for getting things done, but a publishing a magazine? Many folks simply concluded that I had lost my mind! Looking back I can accurately report that I most certainly had!! This has been the most challenging and anxiety producing undertaking I have ever loved!

With the help of a handful of very special people who were just as crazy as I was to believe that Venus could thrive and grow, we stepped out on faith. And thanks to you, our loyal readers and subscribers, we're the fastest growing Gay publication in the USA! Indeed, we have come a long way. We've adjusted to set-backs, market trends, and nearly every kind of crisis and we're still growing strong!

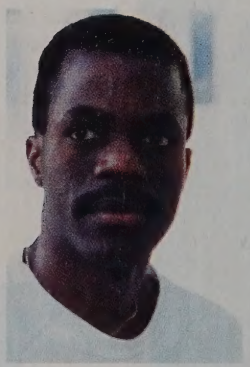
Most importantly, we've kept our promises. We promised you a slicker, thicker, and irresistibly colorful magazine stuffed full of things that are either good for you or good to you. Now, we're thrilled to introduce several fresh new writers and departments. Experience wild adventure through the eyes of our hot new Travel Diva. Never be afraid to ask our Sex therapist whatever's on your mind. Surf ahead of the pack with expert cyber-advise and take notes on the Do's and Don'ts of home decorating, entertaining, and shopping with style-as ONLY a Black gay man can deliver!

If you still have the first issue of Venus laying around somewhere, it's not hard to see how much we've progressed. We had no doubt that we'd make it to this point and beyond. I was certain of that on the very day I signed those few copies for my friends.

Charlene Cothran,
Publisher/Editor-in-Chief

Crystal Weston is Client Services Director at the African American AIDS Support Services and Survival Institute (AMASSI) in Oakland, the non-profit that spearheaded the drive to encourage the formal declaration AIDS in African communities as a State of Emergency. She served as the nation's first fulltime Same-Sex/Transgender Advocate at the Family Violence Project of the San Francisco District Attorney's Office. Ms. Weston has a long record of activism, including involvement in the pro-affirmative action campaign, speaking extensively on a variety of human rights and other public policy issues. She is also a former co-chair of Lavender Light: The Black and People of All Colors Lesbian and Gay Gospel Choir and a member of Umoja Strategy Group—a grassroots effort to critique notions of diversity in African communities.

Ernest Montgomery joins Venus magazine as our new style editor. Taking a break from his life as a photo-agent, he says, "I'd like to give the Venus readers something new and fresh from the fashion world—new designers with creative ideas. We can all get our fashion fix from the big books at Condé Nast, but I think it's time to look a little further." After three years of freelance life at Condé Nast Publishing, Ernest moved on to the agent side of the world. Merging his photography, publishing, and fashion backgrounds for Venus Magazine will definitely be something to look for.

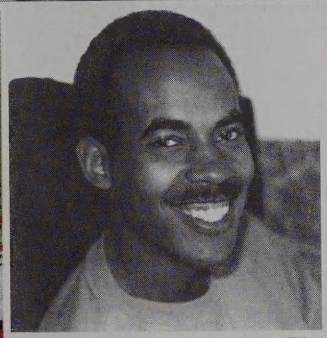


Ulester Douglas is Co-Executive Director of Men Stopping Violence, an Atlanta based social change and advocacy organization. In addition to his private counseling practice, he is co-founder of the Rainbow Project which monitors violence in Same-Gender-Loving Communities in Atlanta. He is an active member of Second Sunday Discussion Group (for Black gay men). Ulester is also one of the founding writers for the premier issues of *Venus*.

Rosalind Christine Lloyd has traveled extensively–her itinerary includes Africa, Asia, Europe, Latin America, Canada and the Caribbean. Discovering a gay personality in the places she travels has been a interesting challenge. She would like to make travel, both international and otherwise, a more attractive alternative for gay/lesbian/transgendered people of color. Rosalind has been writing contemporary lesbian fiction and erotica for over ten years, her work appearing in various publications.

Thank You!! 5 years and going strong!

If you hadn't been there, we wouldn't be here!

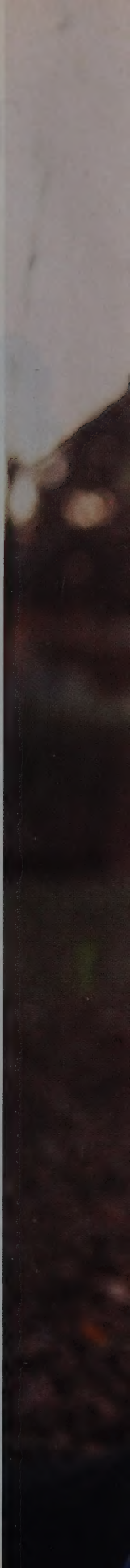


BY STEVEN G. FULLWOOD

rejuvenation: essential to life

These are just a few ways to rejuvenate and connect with the people and world around you. Feel free to create your own re-energizing rituals.

Most often we think when we're out of breath at the top of the stairs or have a hard time getting to sleep, or waking up tired, that it's the result of not getting proper exercise or not eating properly. Although this could be the case, it also sounds like you could benefit from a spiritual and mental rejuvenation. When you take the time to relax, reaffirm your spirit and feed your body nutritious foods, you're giving yourself that crucial time needed to prepare for the next day of hustle and bustle. Here are some tools which can help you integrate rejuvenation into your life. Try some of the activities. Discover what works for you. But most of all, be open to new things that you've never tried. Many of these activities are free, and only require doing. Enjoy!



ALL PHOTOS BY ERNEST MONTGOMERY

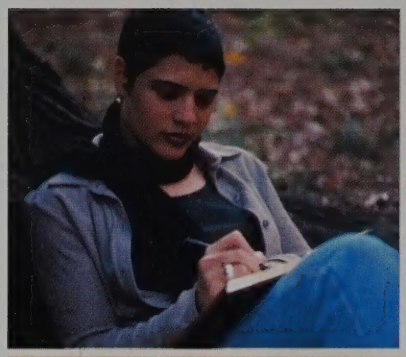
Affirmations: Writing and reciting positive affirmations provides you with spiritual, physical and mental energy. If you have poor self-esteem (and many of us do), positive affirmations are very effective in changing self-denigrating behavior. Affirmations can help you change the way you feel about yourself. You can write affirmations down at the beginning of the day and repeat them in your head throughout the day. Louise Hay, author of "You Can Heal Your Life", says each thought you have affects your life. Hay believes that the root of all problems comes from not loving one's self enough. She recommends the following affirmations: "I love and accept myself," "I am safe," and a very important one "I am open and receptive to all the good and abundance in the Universe." Use these affirmations, and/or make up your own.

Eat healthy: Eating a good nourishing breakfast in the morning can help you get off to a great start. Even if it's an apple, orange, a bowl of oatmeal, or any other healthy food, starting your day with energy can make all the difference. The key to healthy living is prevention. Eating right and drinking plenty of water rejuvenates the body, helps to keep you feeling good and running smoothly.

Breathe: Take the time to breathe deeply. Oxygen nourishes us. It's important to breathe deeply when we're upset, when we get scared or nervous, and most importantly when relaxing. Breathing deeply helps you to gain clarity and composure. Breathing correctly helps you get the most out of your life.

Be grateful: Tell people throughout the day how much you appreciate them. Always be thankful for the things people do for you, and everything in your life. You woke up this morning. You have a job, etc. You know what you have. Be thankful.

Remember your Ancestors: They came before you and did all sorts of things to survive. You're here because they came first and made it easier for you. Remembering them helps you keep your life accomplishments and challenges in perspective.



REJUVENATE YOURSELF...
• The Body Shop's Mango-scented body massage oil • Kiehl's Ultimate Men's After Shave All Day Moisturizer • Oatmeal Facial Scrub • Cabot's Chamomile and Jasmine Anti-Stress Bath Tea • Chawton's Fresh Feet Aromatherapy Lotion • Kiehl's Lavender Foaming-Relaxing Bath • Twining's Earl Grey Tea; and Pocono Candle • Factory's Plum and Peach Votive Candles

Smile a lot: Laugh! Say hello to a tree. Hug it, if so moved. Greet everyone with a smile. Take the stairs at work instead of the elevator. Say "I love _____" a lot.

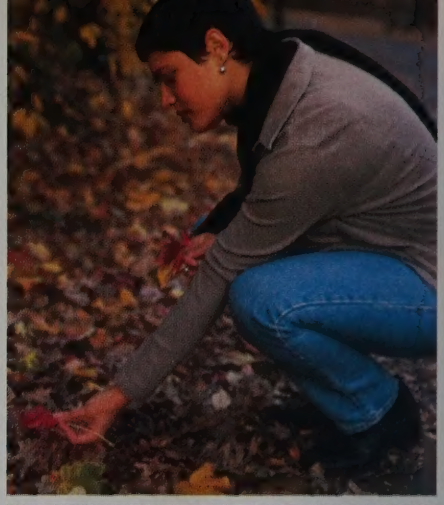
DAILY

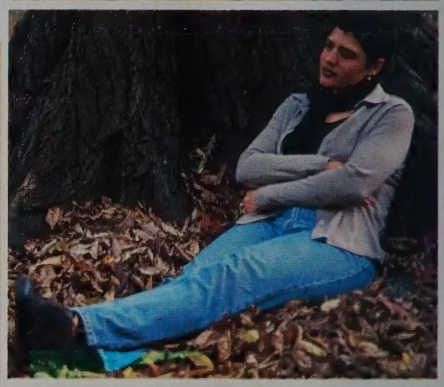
Listen to music. Light candles while you read or relax. Stretch your muscles every single day. Consider exercising lightly in the morning (pushups, situps). Play with your children. Listen to what they say.

Play with your pets. Meditate in the morning or at night. Keep a journal of your thoughts, aspirations and pains.

WEEKLY

Engage a full workout! Aerobics for thirty minutes, weight training, etc. Develop your own routine! Call or visit a friend who isn't doing so well. Try something new for breakfast, lunch or dinner! See a movie. Go to the park. Have a family night! Take a nice relaxing bath.





MONTHLY

Read a book on something you know nothing about! Go to a sporting event or participate in one! Go to a concert. Get a full body massage. Cultivate a garden. Get a new haircut or hairstyle. Get a manicure or pedicure or both! Write a story you've always wanted to read. Trace your family's genealogy. Take an elderly person to lunch.

Put together a scrapbook of photos, art, current events, etc. Buy yourself a present! Try a variety of foods with you each time!

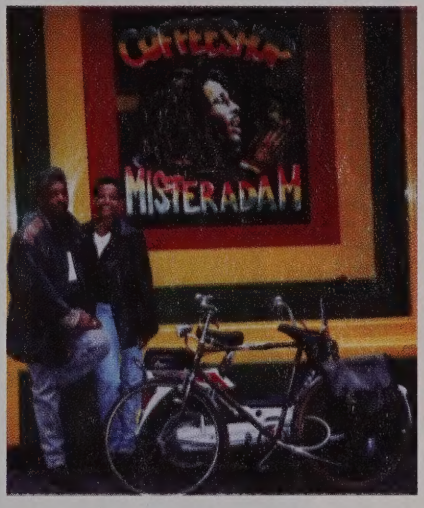
YEARLY

Travel! Take a cruise. Visit family and friends!

Learn a new language. Host a party! Visit the gravesite of someone you love. Celebrate the seasons! Make up your own holiday! Take dance classes!

Most importantly, make rejuvenating an indispensable part of your life, and strive to love life and live life to the fullest! For recommended readings check our web site at www.venusmagazine.com.

Steven G. Fullwood



ROSALIND CHRISTINE LLOYD

Dutch Chocolate:
A Taste of Black Gay Life in Amsterdam

Looking to vacation in a European destination with not only a thriving Black population but a warm, culturally invigorating society of tantalizingly fine Black Lesbians and Gays? Try Amsterdam!

All of the stereotypes you've heard about Amsterdam are true–windmill dotted countrysides, tulips everywhere, Heineken for days-but there is more...

DUTCH CULTURE

Mansions with spectacular architectural detail line the series of canals that extend through out the city. If you do art museums, there are plenty of Rembrandt and Van Gogh to get into-the typical European classics. Dutch food is very bland unless you sample cuisine by immigrants from former Dutch colonies like Suriname (more about this special place later), Indonesia, India and China. The currency is the Dutch Guilder. The weather is a lot like London, wet and windy most of the time, frigid in the winter months, sticky in the summer.

A CULTURE OF VICES

If "blazing" is your thing, Amsterdam is a must. Coffee Houses are a big attraction here; I don't advise you ask for a cup of mocha latte. Indulging in cannibus is not illegal here and these "cafes" are designed exclusively for those who indulge. The Red Light District is crazy, window prostitution and brothels have permits from the city. The Sex Museum is enough to stimulate anyone's freaky curiosity. Run out of tatoo ideas? Visit the Tatoo museum for some inspiration.

QUEER CULTURE

Host of the 1998 Gay Games, Amsterdam has a history of tolerance for "family values" going as far back as 1811 when homosexuality was decriminalized. Domestic partnerships are recognized here and Gays are extended the same benefits as heterosexuals. In 1993 discrimination on the basis of sexual orientation in job hiring became illegal and the Dutch response to the AIDS crisis serves as a model to other nations.

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BLACK+BLUE: OUR DOMESTIC VIOLENCE DILEMMA

BY ULESTER V. DOUGLAS

As John* was telling me about the emotional and physical abuse James inflicted on him, I was reminded of a scene from James Earl Hardy's *B-Boy Blues*. In this scene, Raheim punched Mitchell in the face, sending him soaring over the coffee table. After Mitchell regained consciousness, he reflected on what had just happened:

"I've seen many an episode of Donahue with battered women and I always believed they were stupid: just how could they get themselves into such a situation? They had to see some sign before they got involved with him, before they got married. One day they wake up and he just comes out swinging? But I could identify with the helplessness and broken trust, now that I was in their position—or was I? Does it take just one hit? I was trying to make sense of it all and found myself doing exactly the same thing that many of those women did: I began rationalizing which excused the man's behavior. I had to share some of the blame; I provoked him. If I had just kept my mouth shut. I should have known he would react like that..."

Although this is fiction, I felt gratified that Mitchell's rationalization and self-blame lasted only a few minutes. Mitchell was able to recognize in a relatively short time that he was not to blame for Raheim's violent behavior, that he did not provoke him and that nothing justified being abused. Also, Mitchell had supportive friends who affirmed that Raheim was responsible for his own actions regardless of the circumstances.

This is not the case for John and thousands of other gay men who are being battered by their partners. Most victims believe that they are to blame for their partner's abusive actions, that they provoke him and deserve to be abused. This is because the batterer is extremely skilled at making the victim feel that way. One of his manipulative tactics is to isolate the victim from friends and family. He convinces the victim that friends and family are no good for him and are a threat to their relationship. In doing this, the batterer ensures that there is hardly anyone the victim could trust and talk to about what's going on.

Isolation contributes to a very low disclosure rate. Most gay men who are abused by their partner or ex-partner do not disclose that they are being abused. They calculate that it is safer to stay in this "second closet" and that the incentives for coming out are few to none.

There is hardly anything in the literature or media that validates the existence of gay male victims. Like Mitchell, when they look at the talk shows, they only see and hear about "stupid women" who stay in these relationships, "stupid women" who should have seen this coming. Where are the men? The men who are beaten daily for saying the "wrong" thing? The men who have to constantly walk on eggshells and do not feel comfortable in their own homes? The men who are forced to have unprotected sex with partners who sleep around? The men who live in fear that the next time they may be dead?

Sadly, the message is that men, certainly black men, are rarely victims, only perpetrators. This myth is perpetuated in the gay community. We do not hold batterers accountable for their actions. We buy into the myths that men should be able to defend themselves, that it's just a

continued on page 53

ERNEST MONTGOMERY

*some names are changed to protect privacy

BY WAYNE BESEN

ex-gay ministries- a bald faced lie

All of the shenanigans attributed to the ex-bald movement actually occurred in the so-called ex-gay ministries, from the bogus statistics to the distortion of scientific research.

It is morning once again, and as you rub your tired eyes and peer into the unforgiving bathroom mirror, the shiny reflection of your head is a painful reminder that you look just as much like Isaac Hayes as the day before.

Although your friends say you should learn to accept your baldness, you desperately want to change and have spent years pursuing the latest hair growth remedies to no avail. But today is your lucky day. While sipping the morning coffee, you pick-up a copy of a respected news magazine and a bold, splashy headline proclaims: BALD FOR LIFE? Underneath the headline, two smiling, bushy haired people, who look enthralled by their new hair-dos, claim to have been "cured" by a miracle hair tonic, combined with bible study.

Ecstatic, you excitedly turn the pages until you find the story about this new "miracle cure". But as you read on, your enthusiasm quickly begins to diminish. First, you find that the smiling Afro-Puffs on the cover-page are full-time, paid employees for a company marketing this product. Next, even the most fervent supporters claim that the success rate of this so-called panacea is a paltry 30%. What about the other 70%?

According to the company, the hair tonic is not working for these folks because they are "not praying hard enough".

As you skim down the page, you perk up because you read there is still hope! A competing company claims that their hair tonic has a miraculous success rate of 71.6%. But when asked by the magazine reporter for hard data to corroborate the claim, the company spokesperson glibly replies, "I don't have time to conduct follow-up studies." How then, you wonder, does the company come up with a specific number like 71.6% without follow-up studies to document whether or not the patients sprouted hair?

The article then points out that the two scientists who founded the hair tonic formula have feverishly traveled to science conventions around the world tÁo declare that their invention does not work as they once said it did. They say that many people would be harmed psychologically if they pinned all of their hopes and dreams on what they now call a "fraud." The article also states that all respected medical and mental health organizations agreed with the inventors that the hair tonic was no more likely to help one grow hair than dipping ones head in a bowl of grits. If that isn't bad enough, the companies promoting the hair tonic have taken out full page ads in major newspapers which have distorted a baldness study by one of the premier hair loss specialists in the nation. The acclaimed expert retorted acrimoniously to the lies by saying, "It was a complete misrepresentation of what the research actually said. It was taken completely out of context. I am horrified and angry and they are spreading an awful and

destructive message."

Your dreams of looking like Maxwell are dashed for good when you read that of the people lumped in the 30% success rate category, the majority believed that if the hair tonic did not work, biological baldness could be overcome by wearing a toupee. The article ends with the testimony of angry ex-ex bald people who claim that they were misled and cheated by the hair tonic companies. One company's spokesperson dismisses the inconvenient complaints of the ex-ex-bald people by saying: "Some people fall of the wagon."

You now sit in your living room, enraged by the misleading story, wondering how a respected news outlet would give this "snake oil" that has been so thoroughly discredited, the slightest bit of legitimacy, no less a cover story. Shouldn't the ex-ex-bald people have been on the cover, or at least been the focus of the story instead because their experiences are a more representative of the vast majority who took the tonic? Do journalistic ethics and standards exist anymore, you wonder? Whoops, you almost forgot, it is 1998, "The Year of the Journalist".

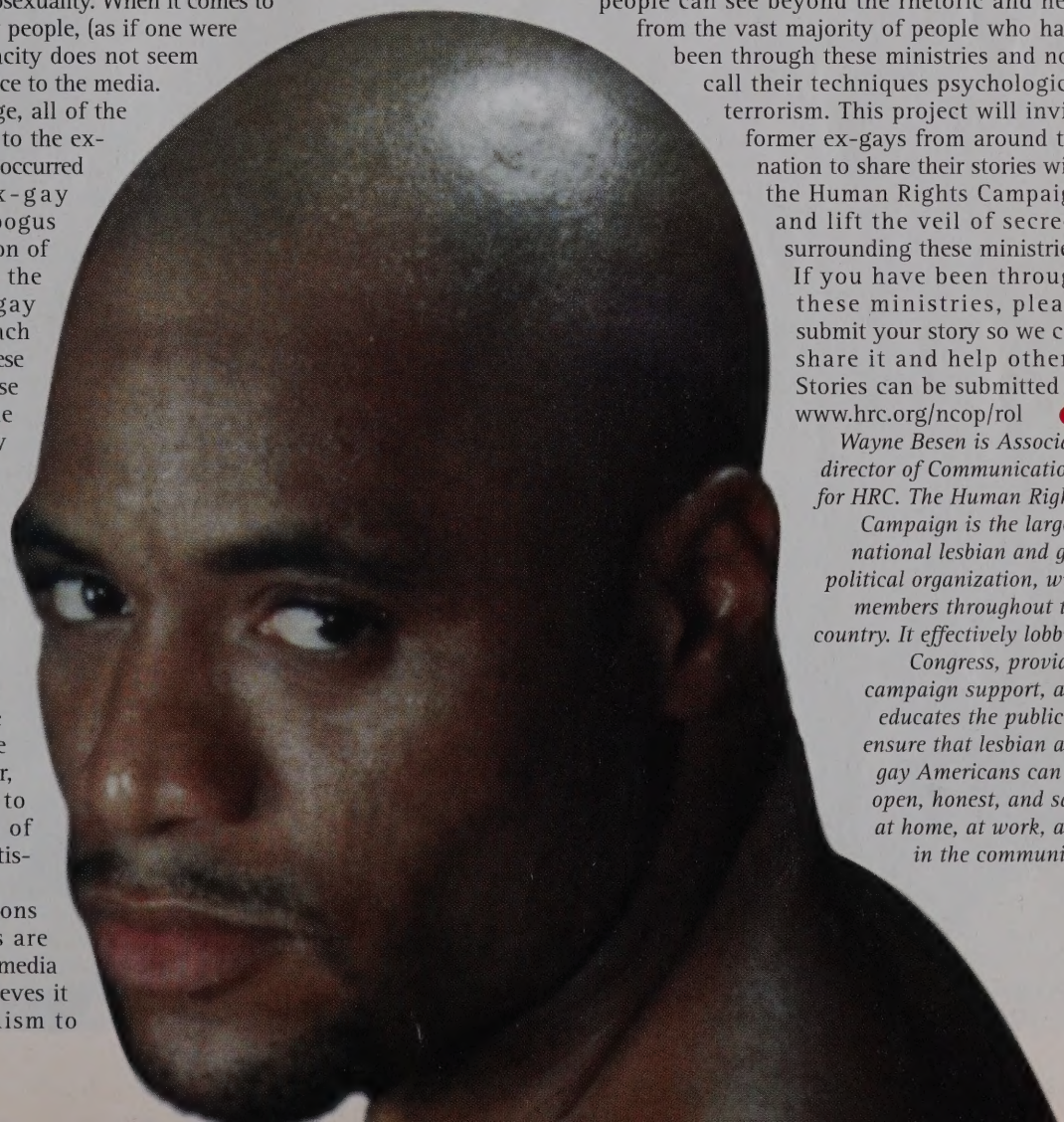
Of course, you would never see a cover story about a discredited, unsubstantiated, cure for baldness, or anything else for that matter, except homosexuality. When it comes to a so-called cure for gay people, (as if one were wanted or needed) veracity does not seem to be of much importance to the media. In the following passage, all of the shenanigans attributed to the ex-bald movement actually occurred in the so-called ex-gay ministries, from the bogus statistics to the distortion of scientific research, to the founders of the ex-gay ministries marrying each other and repudiating these "cures." Yet, despite these gross irregularities, the media still unwittingly legitimizes "ex-gay" ministries by not holding them to the same standard of scientific proof that they would demand from any other group.

Advocates for gay equality believe these ministries should have an opportunity to voice their opinions. However, the media has a duty to research the accuracy of statements made or statistics reported.

Currently, false notions about gay Americans are being perpetuated by a media which erroneously believes it is honorable journalism to simply regurgitate sound bites from both sides in the name of balance. While balance is important, it is not an excuse to eschew accuracy and tough, fact checking. All statements are not equally valid and it is the media's responsibility to distinguish fact from fiction. In most of the news stories about the "ex-gay" ministries or the Right wing ad campaign in which these ministries are highlighted, fiction has been the norm and the truth has been a casualty.

For example, ex-gay leader Anthony Falzarano recently said on television that nearly 80% of gay people were molested as children. This is factually incorrect by any objective standards, with gay people no more likely to be molested as children than heterosexuals. Unfortunately, because he is talking about gay people, the lethargic media felt there was no need to hold Falzarano accountable for his lie. If Falzarano would have made an outrageous claim about any other minority group, it is guaranteed the media would have followed-up and excoriated him for his hysterical statement.

This perpetuation of myths by the media has forced the Human Rights Campaign to start the Ray of Light (ROL) project. The ROL seeks to shine the spotlight on these ministries so people can see beyond the rhetoric and hear from the vast majority of people who have been through these ministries and now call their techniques psychological terrorism. This project will invite former ex-gays from around the nation to share their stories with the Human Rights Campaign and lift the veil of secrecy surrounding these ministries. If you have been through these ministries, please submit your story so we can share it and help others. Stories can be submitted to www.hrc.org/ncop/rol



Wayne Besen is Associate director of Communications for HRC. The Human Rights Campaign is the largest national lesbian and gay political organization, with members throughout the country. It effectively lobbies Congress, provides campaign support, and educates the public to ensure that lesbian and gay Americans can be open, honest, and safe at home, at work, and in the community.

James Arthur Baldwin

"THE CONDITION THAT IS NOW CALLED GAY WAS THEN CALLED QUEER. THE OPERATIVE WORD WAS FAGGOT AND, LATER, PUSSY, BUT THOSE EPITHETS REALLY HAD NOTHING TO DO WITH THE QUESTION OF SEXUAL PREFERENCE: YOU WERE BEING TOLD SIMPLY THAT YOU HAD NO BALLS."

*Excerpt taken from Playboy, January 1985 and reprinted in "The Price of the Ticket, Here Be Dragons," 1985.

Those words from James Baldwin, arguably America's greatest essayist since Ralph Waldo Emerson, express his always honest analysis of a situation. He wrote that "Not everything that is faced can be changed, but nothing can be changed until it is faced." Born in Harlem, the first of nine children, he faced the racist and loveless world he found. Some literary critics speculate that in seeking love [from his father] he become a preacher at age 14.

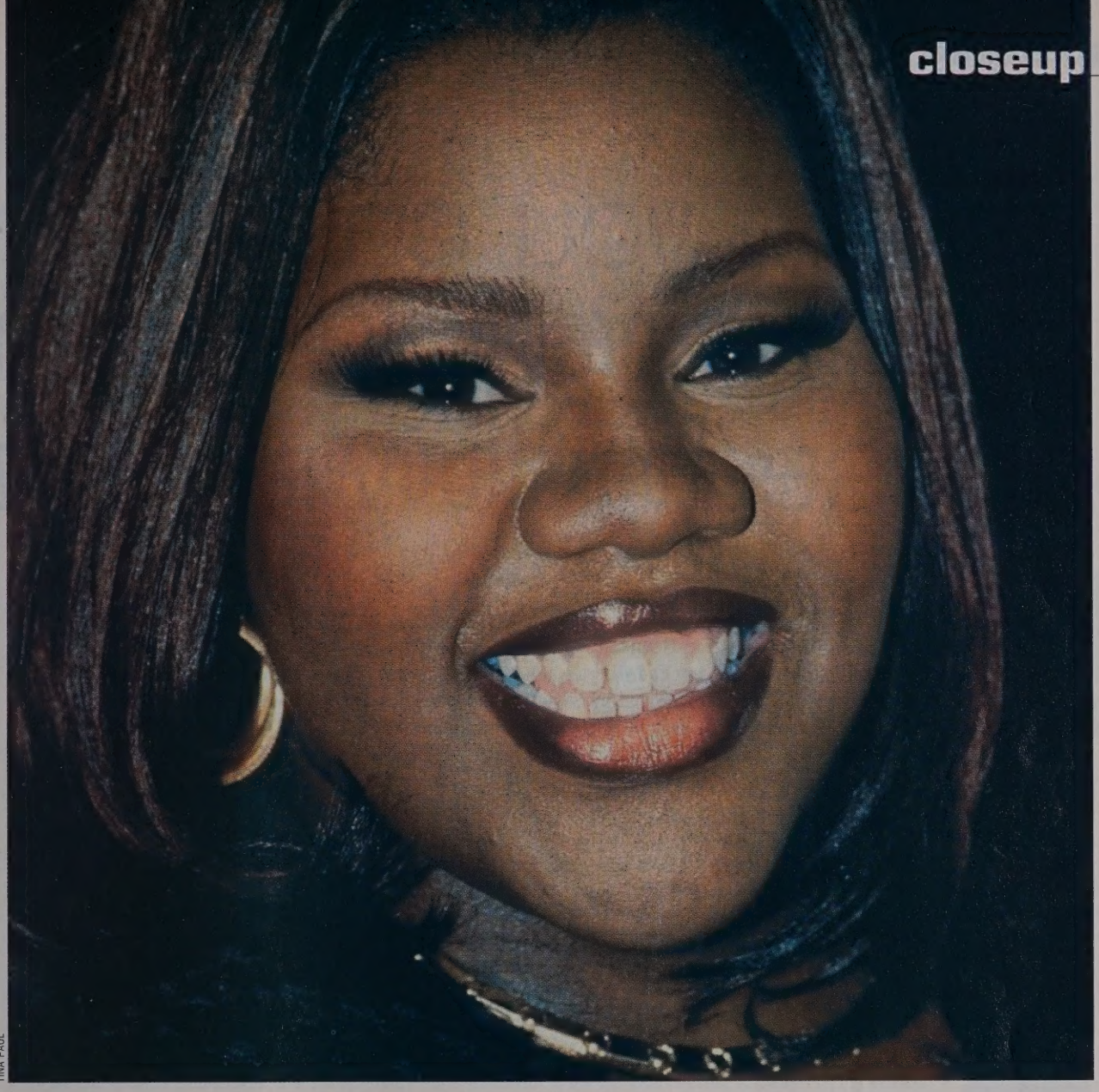
He believed that he was saved from a life of despair by his mother, and a few school teachers. They provided him an escape through reading. Baldwin says of one of his teachers: "certainly because of her, who arrived in my terrifying life so soon, that I never really managed to hate white people."

After graduating from high school in 1942, Baldwin worked at night and supported himself by working at odd jobs during the day. With Richard Wright's assistance, he received a Eugene Saxton Fellowship in 1945.

Subsequently, prestigious magazines began to accept his essays and short stories. In 1948 he moved to Paris and remained there until 1957. During this period his novel "Go Tell It on the Mountain", 1953 was published, as were "Notes of a Native Son", a book of essays, and "Giovanni's Room" 1956, a tragic and lyrical novel about a young immigrant artist struggling with his homosexual desires. Baldwin never called himself a "Negro" writer, a gay writer, or even gay for that matter. He considered himself an American writer and strongly believed that one should accept love from wherever it came, no matter the sex. It was a gospel he continued to preach until the end of his life, in a stream of novels, plays, essays, reviews and interviews.

Phil Petree

JILL KREMENTZ



TINA PAUL

PRICELESS!

Rarely has the R & B/soul landscape been privy to a singing voice with the power, pure soul and emotion as rising star Kelly Price. Her extraordinary, primarily self-composed debut album, "Soul of a Woman", featuring the breakthrough ballad and lead single "Friend of Mine" has expanded the parameters of popular Black Music. Each song reflects Kelly's insights, philosophies and life experiences. "Not everything is autobiographical, but for me to sing a song I have to be able to directly connect with it before I can effectively communicate it to an audience," Kelly explains. "A song like "Friend of Mine," she continues, "which deals with a woman whose so-called best friend steals her man, has a basic theme of betrayal that even if it never happened to you, you can still relate and feel the pain such a bad situation must create."

Getting to where she is today took a lot of personal hard work. Kelly spent years building an impressive reputation as one of the industry's best and most in demand backup singers, songwriters and vocal arrangers "...but I always knew I'd eventually record my own album," she says. Without exaggeration her credentials are awesome. For four years Kelly worked in the studio and on stage singing for Mariah Carey and writing songs for Puff Daddy, The Isley Brothers, Notorious B.I.G., Brandy, SWV, Mona Lisa, 112, Dymon, Brian McKnight, Aretha Franklin, Mary J. Blige, Ronald Isley and Angela Winbush, the Clark Sisters, Mase, Lil' Kim and many more!

A serious listen to her album leaves no bout that she's a brilliant singer and lyricist, whose full tilt performances (live as well as recorded) paint poignant portraits of love's many sides–the good, the bad and yes, the ugly. But ever the optimist, on behalf of her "sisters" she always inserts at least a glimmer of hope if not redemption. "My album is dedicated to women everywhere," Kelly concludes, "but when you get right down to it, at its core, it's really about the soul of ONE woman - Me!"

Would you confront a you suspected he or s abused? How involved

Hiding in the shadows of recent Hollywood domestic violence scandals is a great fear in our community...that someone would discover that we [Same-Gender-Loving People of African-Descent], also have been caught up in scandalous "household disputes" gone bad. There's a natural reluctance to 'air dirty laundry' by most Black folks in general. These feelings are compounded by issues of being closeted, feeling unmasculine (for brothers), being too aggressive (for sisters) or by exaggerated feelings of embarrassment. Some of us who are suffering abuse never seek help, because the fear of rejection by our family and friends seems greater than the physical and emotional pain. Even worse, those of us in a position to help, sometimes refuse to be associated with (or acknowledge) the problem and simply turn a deaf ear to a friend in need. Find out more about how to get a help for yourself or a friend. Contact the The New York City Gay & Lesbian Anti-Violence Project Hotline (212) 714-1141.

FRANCINA SLOAN,
NYC, NY

Domestic violence exists—black, white, gay, straight. I am not aware of anyone I personally know of that happening to. I've been in a relationship where it got physical. We got through it however. I came away from it differently. My family and friends wanted to help me, but I was afraid that it would just cause more abuse. I withdrew from my family to protect them from physical abuse. I finally had to learn to empower myself in order to help myself and allow others to help me.

If helping a friend meant involving the public or media, I'd have to do so, because my sexuality is not on trial, my sexuality doesn't make me a better or worse witness. My advice is if you value your life, there are steps that must be taken; seek counsel, anonymously if necessary, to empower yourself.

LOURMEL APOLLON,
NYACK, NY

As a friend I would have no choice but to intervene in any way possible. Its up to the person to help themselves, but I would help give them the means to escape the situation. Although I am not out, I won't yield to social stigmas. If helping a friend in need might jeopardize other relationships developed while "in the closet" then they weren't worthwhile in the first place or worth salvaging. We need to start doing things for ourselves, uplifting and supporting our brothers and sisters who need a little help to do what they've got to do. Since I work in the social services field, I would offer information on where to get help. However, I can only help as much as they would let me.

MILDRED GERESTANT,
INTERNATIONAL PERFORMANCE ARTIST

I would get involved because the person is my friend. I could never pretend or ignore the problem. I'd take her or him into my home, and try to get them away from the situation. I would try to get them to the Gay and Lesbian Center for more professional help. I'd even go stay at her or his house, even if it endangered my life. I would expect the same from my friends, if I found myself in the same situation. It isn't easy. I wouldn't be worried about being outted because I'm associated with a gay person. I am a very out lesbian, but I resent the fact that anyone would be considered gay by association. I believe in living and let living, so if a friend had a problem helping me, because of her fears, I'd understand, but I'd be deeply hurt.

As for helping an abused friend, I can be there as much as I want, but until she or he's ready to get out of the situation nothing anyone does can help.

friend if he was being would you get?

AL-B MERLES,
CORPORATE FINANCE

I would pull my friend to the side and ask questions. I would try to comfort them. If I see bruises, I would tell my friend to seek counseling. And I'd talk to them.

I would go out of my way and do what I'd have to do. I cannot see myself or anyone being abused or struck by another man (or woman) and enduring it just because one was afraid of being outted. You'd have to ask yourself what's more important, your life or what people think of you. For a very close friend I'd go the whole route. I've known many people who don't get involved because they believe it isn't any of their business what goes on 'behind closed doors'. Unfortunately, people in today's society turn their heads and try not to get involved-straight or gay. On another note, the person being abused may not be aware that there is any other way of being treated in a relationship.

KAZ MITCHELL,
PRESIDENT + CEO
OF KAZ MANAGEMENT

I wouldn't have a problem trying to help a friend. I would get deeply involved. I would try to console them in secrecy and confidence. Usually people in that kind of predicament do not need to have a lot of people involved in their business. Something of that nature is such a secretive matter, not so much because of the gayness, but because of the nature of the problem. People are embarrassedμ to talk about it. You need to be a comfort for that person first; you can't just run up on them and insist that they get help. it isn't as simple for that friend as it is for you to see. Most people are shy about it In order to give them a level of confidence to enable them to fight the battle, you have to take things a step at a time. Be a comfort first, then offer information. Education is lacking in our community. We need to educate ourselves, learn how to deal with things ourselves, then we can offer information along with that support.

CHERYL McCLENDON,
COLLEGE PROFESSOR

Gay or straight doesn't matter, I would absolutely help a friend. I would feel obligated to give advice; referral to a social agency or psychologist or some type of outlet. I couldn't get between the two, but I would definitely try to appeal to my friend as much as possible before it got to a severe point.

I would give testimony to what I've observed, if necessary, in a court of law. Most people who I take into my life as friends, are strong willed and would not allow this type of thing to go on for any length of time. I have found that abuse may exist with people in despair, substance abusers, people who unemployed, frustrated. People frustrated in life tend to lash out physically at those closest to them. Counseling is a very strong and necessary deterrent, not only for the abused, but the abuser.

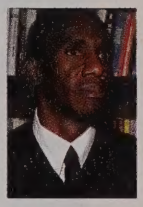
KIMBLEY GILCHRIST,
PLAYWRIGHT, DIRECTOR

It depends upon the situation and the individual. Some people, you need to stay out of their business. Often in situations of violence they don't want to be helped. Maybe they're helpless. I would talk to them, persuade them to get help and point them towards programs and avenues of solid assistance. I believe you must open your doors, your phones, your heart to abused friends.

congrats

Lenore Myishia Rivers was selected as the Community Wellness Specialist for the AIDS Prevention Team in Los Angeles, CA.

Lenore's responsibilities include providing support and working closely with persons living with HIV/AIDS. Ms. Rivers is currently pursuing her undergraduate degree in communications at Chaffey College, Rancho Cucamonga, CA. Lenore shares a lifetime commitment with her partner Debra and their two sons.



Rev. David Lewis has been asked to submit an application to become the pastor of Faith Temple Nondenominational church, in Washington, D.C. The church serves the Washington metropolitan area.

Lewis, Associate Pastor of St. John Missionary Baptist Church in Dora, Alabama, was licensed as a Baptist minister on November 19, 1972. He was ordained October 21, 1973 and was elected assocoate pastor at St. John Missionary Baptist church on August 5, 1975.

Lewis was elected Chaplain for Helen L. Albert Community Center on Nov. 25, 1995 and was also elected interim pastor of Lilly Hill Missionary Baptist Church on Feb. 22,1998. He attended the Easonian Baptist Seminary College and received an associate degree in Christian Eduaction. He was nominated for an honorary doctorate degree from Georgetown University and on February 15, 1997, he won the National Bayard Rustin Award for Civil Rights. He is also a member of the National Pastor's Conference.

"In 1989, I also helped to organize and marched, out and proud, in the very first Gay Pride Parade in the state of Alabama," he said from his office in Dora.

WHEN LOVE GETS ROUGH

Monique Lawrence is a male-to-female pre-operative transgender woman living in San Francisco. Ms. Lawrence came to the San Francisco District Attorney's office seeking assistance when her life was threatened by her ex-boyfriend. I served as her advocate. BY CRYSTAL H. WESTON, J.D.

Crystal Weston Why did you agree to do this interview?
Monique Lawrence I believe it might help other women. I hope this will help a lot of people [realize that] this is your one time to live. Stop it when it starts: leave. Don't waste time leaving. You may lose a lot of material stuff, but you'll be alive.

CW What was the incident that convince you to call the police?
ML When he struck me across my head with his fist; he hit me in my breast area [too] and knocked me to the floor. The first time he struck me was in the kitchen. The second time he struck me I [went for] a can opener because I was trying to protect myself. He hit me and knocked it out of my hand and knocked me to the floor.

CW What had he done to you in the past that made you believe he was serious about carrying out his threat [to kill you]?
ML He talked about murdering a queen named Ms. West. He seemed like he enjoyed it, like it gave him a thrill, and I thought 'If you could do that to Ms. Mae West, then you could do that to Monique Lawrence.' He told my friends that I didn't need friends. When they would come to the gate and ask for me, he'd tell me that he was the only friend I would need. I began to think that I could be laying in the bed dead and nobody would know about it for weeks. My neighbor even started fussing with him because I was sick and they wanted to come see me. He wouldn't take me to the hospital. My neighbor had to take me to the hospital.

CW What made you decide to involve the authorities?
ML I did everything I thought I could do for him and he started having mood swings; like he really was getting ready to do harm to me. His eyes would change. They looked like a killer's eyes. Then I remembered there was a warrant out for his parole violation, so I had him arrested.

CW How did the authorities, police and district attorney treat you?
ML The D.A. was very nice to me. Very professional. And I'll always love her because she did the best she could. The police treated me nice; they got this killer up out of my house. They arrested him for threatening to kill me over the phone. I really, mentally, believed that he was going to kill me.

CW Have you sought help outside the criminal justice system, like therapy or civil restraining order?
ML I went to Woman Inc. to get a three-year restraining order. They treated me nicely and told me I did the right thing. Instead of me breaking the law myself...[They told me] "Why should you put yourself in danger. You're a sick person, and here you got this person trying to kill you.'

CW Do you believe the system has worked for you?
ML When it comes down to the court, yes.

CW In what way yes?
ML I felt the D.A. was pushing harder than I was at the last part. I felt weak at the end and let him walk out that courtroom. Looking at him—I was still in love with him and it hurt, although I didn't show it. I started crying; [seeing him] in that orange outfit! My baby, a killer! I should have given him the two-year sentence. But nine months [time served]...I felt he had done enough. I think if I had pushed it even more, he would have tried to kill me when he got out.

CW Was this your first abusive relationship?
ML No. In Newport News, Virginia I left a 12-year relationship because I got beat up all the time. He beat me for seven good years; and I woke up at the end of that year. I got beat everyday for seven years. He used to beat me under the table! I was working at the City Treasury Department. And he didn't have a job. He wouldn't let anyone get near me because I was really his income. He didn't love me, he loved the money. He taught me a lot. I was a fool because my mama and daddy didn't beat me like that. I was concerned about my body. He broke my arm and put me in a cast. He also broke my leg. My ankle was in a brace. He put me on disability. This is my body. This is me! It belongs to me! I called the police one time on him. They found him with a knife and took him to jail. I wouldn't press charges like a dummy. When they tried to get me to testify against him, I didn't want to do it.

My family knew but didn't want to get involved in our relationship. They told me, 'If you come home, then we'll stop it'. I packed my suitcase and left and went to North Carolina where I was born. I don't know what woke me up. But all of a sudden it was over [for me]. Years later I came to San Francisco.

CW What do you want your fellow Black gay, lesbian, bisexual, and transgender survivors of domestic violence to understand about this phenomenon?
ML If you have a quarrel that leads to blows, that's when you should seek help. If you get blows thrown at you, it's time to quit and the relationship is over. I believe the next thing after blows comes death. Even if my clothes are there or anything else in the house belongs to me, if I feel threatened, I'd let him have all of that for my life.

CW As a pre-operative transgendered woman survivor, do you believe you are in a unique position from you gay brothers and lesbian sisters who are also survivors?
ML We are all the same. We're all dealing with the same problem. We just go through it a little harder.

CW When you were first experiencing the mistreatment, did you think of it as domestic violence?
ML I didn't know the meaning of domestic violence. I never heard of the term, until someone told me what I could do. Then I found out I had more rights that I thought I did.

CW Any final thoughts or feelings?
ML I'm very sorry I had to go through that with him. He could've turned out to be a great man for me, but I can't take a risk with him. I'm glad I don't have to fear that anymore, (although) I'm still not feeling totally safe, because he could always pop up and say, 'remember me?'

POYO HENTON STUDIO

VENUS LANDIN
MAY 2 1961-MARCH 2, 1993

Did you know that Webster's New Collegiate Dictionary defines "Venus" as "the Roman goddess of natural productivity and in later times of love and beauty" and as "the second planet in order from the sun?" Did you also know that Venus Magazine defines "Venus" as Venus Landin, the woman after whom this very magazine is named? She was, indeed, a "goddess of productivity," as she labored tirelessly to make a difference in Atlanta's lesbian and gay communities before she was murdered by her ex-lover on March 2, 1993.

According to reports at the time of the murder in *Southern Voice*, a gay news weekly in Atlanta, Venus and her lover, Bisa Niambi, broke up in February 1993. During the month after the break up, but before the murder, Bisa engaged in typically obsessive behavior patterns of controlling partners. She destroyed Venus' property wich included smashing a VCR and television, cutting up a couch and her clothing, and burning Venus' clothes. In fact, the *Voice* reported that Niambi set several small fires in the home they formerly shared, using Venus' belongings as kindling. Although she was scheduled to stand trial for this conduct, Bisa killed Venus with three gunshot wounds and then turned the gun on herself.

Venus' death sent shock waves through Atlanta's Black lesbian and gay communities, as she was a highly treasured and tireless activist. Venus Magazine Publisher, Charlene Cothran, made sure that Ms. Landin's name lives on in the titling of this publication. Through *Venus Magazine*, the scourge of domestic violence among Black lesbian, gay, bisexual, and transgendered folk is granted the national highlighting—in our own communities—that it deserves.

C. Weston

HELP WHERE TO GO FOR

If resources for your community are not listed here, contact The Lesbain & Gay Anti-Violence Project of New York City 212-714-1141.

ATLANTA
Lesbian and Gay Chapter
American Civil Liberties Union, ACLU
404-523-5398

LOS ANGELES
Los Angeles Gay and Lesbian Center
S.T.O.P. Domestic Violence Program
213-993-7640

SAN DIEGO
Lesbian and Gay Men's
Community Center
Anti-Violence Project
619-692-2077 ext. 805

SAN FRANCISCO
San Francisco Network for Battered
Lesbians and Bisexual Women
415-281-0276

Community United Against Violence
415-777-5500

Family Violence Project
San Francisco District Attorney's Office
415-553-9044

BOSTON
The Network for Battered Lesbian
and Bisexual Women
617-695-0877,
nblbw@erols.com

Fenway Community Health Center
Violence Recovery Program
617-927-6250, jpares@fchc.org

NEW YORK CITY
New York City Gay and Lesbian
Anti-Violence Project
212-714-1141

CHICAGO
Horizons Community Services
Anti-Violence Project
773-472-6469,
horizons@interaccess.com

DETROIT
Triangle Foundation
313-537-3323
trijeffm@aol.com

TLC4LGBT*®

*

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****Provided in the context of Primary Care*

CALLEN LORDE
MICHAEL CALLEN · AUDRE LORDE
COMMUNITY HEALTH CENTER

(Formerly Community Health Project/CHP)
356 West 18th Street, New York, NY 10011
212/271-7200

Sex Talk

Q: Dear Geanie,
My lover and I have been together for three years. She is a very kind and loving person and our relationship has been good. However, there is one problem. After we have had sex, she goes through all sorts of strange moods. Sometimes, she goes into a corner and won't let me touch her. At times, she seems to be angry with me.

I feel, on the other hand, that everything is O.K. But, I've tried to talk with her so that I could find out what I 've done. However, she just says she doesn't know. And, though I love her we're not having sex very often because I dread the changes afterwards.

What is up?

SIGNED, CHANGES

A: Dear Changes,
All is not lost. And, I do not suspect that it is anything that you are or are not doing.

Your lover and you, indeed, are in a good relationship as is noted by the duration, along with the very positive feelings and support you indicate. Your lover is displaying behaviors that appear to be those of "post-traumatic stress disorder". Simply put, she is exhibiting and suffering the effects of something that has happened in her past.

That something, by her behavior, (and her inability to point to anything in your behavior) is indicative of some past sexual abuse. These behaviors are "unspoken requests for help". Your lover has not had the opportunity to squarely face and work through this issue. This may most effectively be dealt with in a counseling or psychotherapy setting.

With therapy and your ongoing, patient, supportive assistance; the two of you may expect a more satisfying sex life, and continue to have a "good relationship".

Geanie Bond is a licensed marriage and family therapist in Atlanta, Georgia. Contact her at 404-256-6709.

RON SINGLETON

TLC Tips

CRAIG DALE

Q: I have heard that lesbians have higher rates of breast and cervical cancers than heterosexual women. Is this true?

A: I would like to preface my answer by stating that there is very little research on lesbian risks for breast and cervical cancer. Additionally, the subjects of much of the research conducted so far has been on white, educated (formally), young, 'out' lesbians.

When we speak of breast cancer in lesbians, it is important to consider individual risk factors. On the whole, lesbians delay having or choose not to give birth to children. This may increase the rate of breast cancer in lesbians. Some other risk factors are: early menstruation and late menopause, alcohol consumption, obesity, and first-degree relative with breast cancer (mother, sister). Please bear in mind that 75-80% of those with breast cancer have no apparent risk factor. To compound the issue, black women develop breast cancers less frequently than white **women, however black women die in larger numbers and at faster rates. This may be attributable to the lack of timely interventions. Early detection is crucial to survival.**

IT IS RECOMMENDED THAT ALL WOMEN:

1. **DO A BREAST SELF-EXAMINATION (BSE) monthly (at the end of her menstrual period, when breasts are less likely to be tender).**
2. **HAVE A YEARLY CLINICAL BREAST EXAM (CBE) by her health care provider.**
3. **IF OVER 50 YEARS OF AGE, have a mammogram yearly. If between the ages of 40-50, be sure to discuss your risks and the possibility of having a mammogram with your provider. (NOTE: One percent of breast cancers are detected in men)**

There is also suspicion that lesbians may have higher rates of cervical cancers. For many women the quest for health care is tied to pregnancy or pregnancy prevention, at which time pap smears are routinely performed. This process leaves a large number of lesbians out of the loop. Pap smears allow for the detection of cervical dysplasia (irregular cervical cells). The longer the length of time between gynecological visits, the greater the chances that undetected cervical dysplasia will progress toward cancer. Additionally, women with a history of HIV or genital warts may be at greater risk of developing cervical cancer.

It takes energy to advocate for our health care, but in the long run it's worth it. If you do not find the right provider the first time, be persistent in your search. It is your right to have quality health care.

For further information please contact:
The Michael Callen-Audre Lorde Community Health Center at 212-271-7200 (ask for the Health Education Resource Center) or troberts@aidsnyc.org
American Cancer Society at 800-ACS-2345

Monifa Bishop is a health educator/trainer working with the Michael Callen-Audre Lorde Community Health Center.

Ask Marian

Q: Dear Marian,
My ex-lover has charmed his way into my mother's heart. She's crazy about him! They go shopping together and he even took her on a cruise. Even though we broke up a year ago, she still treats him like a member of the family. Sounds cute, but my current boyfriend doesn't think so. Whenever we attend a family function, my Ex is always there. I have "Read" him several times. But how can I let my mother know that this feels uncomfortable to me and my new man?

SIGNED HAD ENOUGH

A: Dear Had Enough,
Your Ex already knows how you feel about his being at all the family gatherings. Now your mother needs to know how you feel. She sounds like an open and caring person, so put your head together with her. You can not expect her to give up her friendship with your Ex because that's her choice. However, talk to her about what you are going through and what you would feel comfortable with, for instance, you could suggest that she invite him to her next birthday party, but not the family Christmas dinner. Discuss all the options, hear what she has to say and make a compromise that touches on both your needs.

Send your questions for Ask Marian, Sex Talk, or TLC Tips to:
QandA@venus-magazine.com

or fax to:
914-376-1666

Mail to:
QandA
Venus Magazine
P.O. Box 150
Hastings on Hudson,
NY 10706

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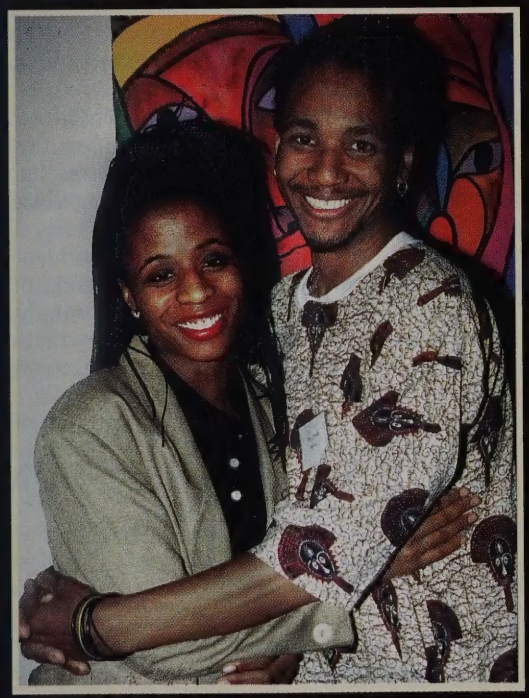
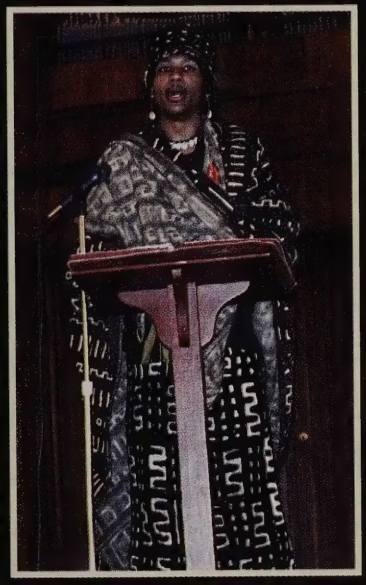
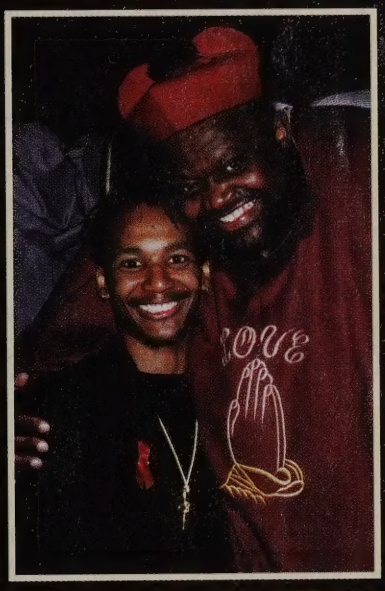
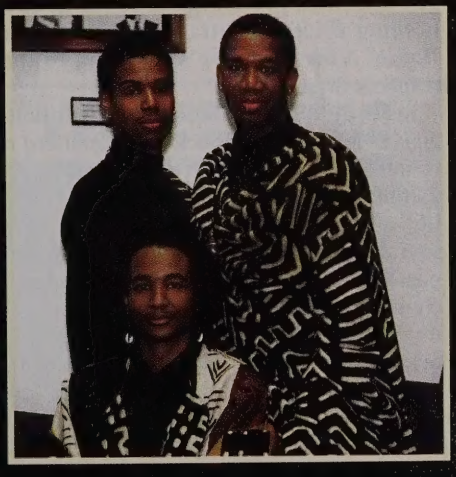
Remembering Tony Daniels

A beloved poet, playwright, activist, organizer and friend to Venus Magazine, Tony Daniels died last spring after an auto accident during his annual pilgrimage to Black Pride in Washington, D.C. These memorable snapshots with friends and colleagues will hopefully give those who never met him personally a glimpse of why we miss him so much.









BY CLEO MANAGO

Do Gay+Lesbian-Identifying Black Organizations Care About the Black Community?

The Leonard "Lynn" Vine Attack

On Wednesday, October 28, 1998 Leonard "Lynn" Vine, a well-known 31 year old Black drag performer in Baltimore was shot six times—nearly to death—while walking through his neighborhood. Most in the Black community locally, were not aware of the incident. People in Baltimore, particularly in working class and low-income communities frequently hear of or experience social violence and people being shot. Somehow, the shooting of Vine got the attention of the Gay and Lesbian Community Center of Baltimore and the National Gay and Lesbian Task Force who organized a rally within days of the incident.The event appears inspired by momentum created by the highly profiled death of Matthew Shepphard in Wyoming. In the shadow of this, lesbian and gay identified Black organizations have began attempting to bring voices of outrage to the brutal attack of Leonard "Lynn" Vine. But who's listening to these voices? Who respects these voices?

Recently, while in Harlem, NYC, visiting a friend, a same-gender-loving (SGL) Black man, I noticed on his wall a huge poster filled with the faces of "people-of-color" who were victims of hate-crimes. Their sexuality was not mentioned, but my friend knew a few of them from local bars and socials frequented by Black and Latino SGLs. The huge poster hanging between us as we attempted to cajole and conversate distracted my visit with him. Sadness caved in on my spirit, as I could not take my eyes off the poster. So many Blacks and Latinos have been attacked or killed and are killed because of race reaction in this country. It then dawned on me the irony of how so many of us have learned to kill, dismiss or disregard each other. Typically, these are also race-reaction [Self] Hate-Crimes, among Blacks with little regard for Black life.

It also dawned on me that up until the murder of Matthew Sheppard, a 21-year-old white man, gay/lesbian identified Black folks had little public reaction to hate-crimes. But, taking cues from White gays, they are now bringing voice to this issue. It appears to me that a hate-crime of sorts is determining the actions or non-action of gay/lesbian identified Black organizations, an apparent "hatred" or dislike of the Black community. The past two years have brought legions of nationally known gruesome, horrific hate-crimes towards Blacks, e.g. Abner Louima, Sherrice Iverson, Garnett Johnson, Ennis Cosby, James Byrd and there a many, many more. Right in the middle of San Francisco,the [White] gay mecca, a Black couple, while walking down the street, was brutally attacked by 5 young White men. Gays nor Blacks did or said anything.

UP UNTIL THE MURDER OF MATTHEW SHEPPARD, A 21-YEAR-OLD WHITE MAN, GAY/LESBIAN IDENTIFIED BLACK FOLKS HAD LITTLE PUBLIC REACTION TO HATE-CRIMES. BUT, TAKING CUES FROM WHITE GAYS, THEY ARE NOW BRINGING VOICE TO THIS ISSUE.

It's almost as if no one cares about Blacks, including Blacks, including gay/lesbian identified Blacks. Blacks who have organized themselves as lesbian and gay have not been compelled to have a position, provide voice to, support or publicly denounce these horrendous hate-crimes. As a matter of fact most of the public denouncing from these groups are denouncements of other Blacks, i.e. Reggie White, The Winans and Martin Luther King Jr's neice, Alveta King-Beal. Ironically, in light of this sad reality, Black homosexuals want to be respected by "their" community, or at the least do not want to be victims of anti-homosexual thinking in the Black community.

Recent reactions to Leonard "Lynn" Vine will, most likely, perpetuate the philosophical divide and allegedly moral

judgement among Blacks about Black homosexuals. Why? Because Black homosexuals, as represented by high-profiling lesbian/gay identified organizations, often appear as the Black cheerleaders of a White (gay) agenda. Gay/lesbian identifying Black organizations appear to be disconnected from and unconcerned about Black community issues, as if they are not Black too. Just imagine how powerful it would be if Black same-gender-loving (SGL), gay/lesbian identified, transgendered and bisexual Black people cared about, made a fuss about, rallied about and protested about hate-crimes, self-hate-crimes and racism on behalf of justice in the Black community. I don't mean to imply that we should care about the Black community only, but that we should care about the Black community all the time. If we did this, when we did address our community, or anyone else, about anti-homosexual reactions, hate-crimes or violence, we would be cared about more, because we cared more about our community. But right now the legacy of non-action, or reaction among gay/lesbian identified Blacks in the shadows of White gays stabilizes the divide.

An excerpt from a recent press release from the National Black Lesbian and Gay Leadership forum reads, " The Forum is calling on the Congress to pass the Hate Crimes Prevention Act of 1998. (Willa) Taylor says, "We are particularly disturbed that five members of the Congressional Black Caucus have not signed on to co-sponsor this legislation. How can any people who have experienced discrimination themselves, continue to discriminate against their own?"

When gay/lesbian identified Blacks stop discriminating against the Black community, this might inspire similar behavior within the Black community.

When it becomes apparent that gay/lesbian identified Blacks do not approve of racism in the gay community or anywhere else, respect for SGLs, bisexuals and transgendered Black people might increase. And when we begin rallying and protesting hate-crimes and self-hate crimes that occur in our community, when we do pull up to the table to talk with the Congressional Black Caucus, etc. we might not appear so alien, but as another aspect of Black community fighting for the protection of us all.

Cleo Manago is Excecutive Director of AMASSI, the African-American AIDS Support Services and Survival Institute in Inglewood, California

Dutch Chocolate *continued from pg 13*

The Gay social life is quite active. There are mixed clubs with large Gay followings, many Men's Bars with a variety of genre, a couple of lesbian establishments (one place in particular, the Pussy Lounge at the Roxy -the sistahs there were so hot-to-death I could hardly believe my eyes!)

BLACK "FAMILY" CULTURE

The community is segegrated (no surprise there) just like it is in major U.S. cities but it was extraordinary to find a sizable, cohesive black community that is unified and very receptive to visiting people of color. One of my male friends that I traveled with met his future husband here, and brought him back to the States.

Most of the Blacks are immigrants/descandants of Suriname, a country in South America and a former Dutch

THIS PLACE ATTRACTS AN ENDLESS AMOUNT OF PERSONS OF COLOR EAGER TO EXCHANGE TALES OF HOW LEADING A GAY LIFESTYLE IS REGARDED IN THEIR COUNTRIES.

colony, not far from Trinidad. These exotic black folks come from a creole mixture of African, Native American, Indonsian, Chinese, India(n) and Dutch. Club Reality is the club of choice where you can hear everything from house, hip hop, R&B to reggae and their native Surinamese music. This place attracts an endless amount of possbilities, you'll run into U.S. ex-patriots, other visiting Americans, Africans, Caribbeans, and other kinds of persons of color eager to exchange colorful tales of how leading a gay lifestyle is regarded in their countries. We engaged in one conversation about a young, gay African prince who gave up everything because he refused to submit to an arranged marriage to a woman. Scandals!

Once you arrive in Amsterdam, visit Club Reality and speak with the local family of color and get the "real" tour of this Dutch city from a Dutch brotha or sistah. I guarantee that you will have the time of your life. I did.

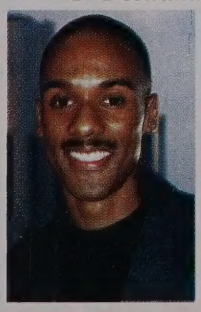
Rosalind Lloyd

"who said that?"

"Recently, a black minister lauded Ralph Reed as the messiah for the black community. Jerry Falwell has formed a coalition with 43,000 African-American churches across the country. That represents one half of the total black population in America. If Ralph Reed, Jerry Falwell, Clarence Thomas, Armstrong Williams, and the like become leaders—and acceptable—to even a slight percentage of the black community, it sets the progressive movement back decades."

CONGRESSWOMAN CYNTHIA McKINNEY (D-GA) SPEAKING AT HRC OUTVOTE '98

"We can't go to our churches and continue to give our money week after week to the ministers who beat up on us. We have to say, 'Wait a minute, Mr. Minister or Wait a minute, Madame Minister, I don't believe this.'"



KEITH BOYKIN ON BET WITH TAVIS SMILEY

Drug holidays:
One vacation you don't want to take

It sounds so good

Give your body a rest, a chance to recover from all those tough meds and their side effects. Just skip a dose, or a day, or a weekend...

The truth?

You're doing the virus a big favor. Suddenly, without your HIV drugs, there's nothing to stop the virus from making billions of copies of itself. And each and every new copy gives HIV a chance to change, to find a new form that could be resistant to the drugs you're taking.

In other words, when you go back to your regular medication schedule, there's a chance the drugs may no longer work as well.

HIV drugs should be taken on time, every day. That's the only way known to keep enough of each drug in your blood at all times to fight HIV.

The bottom line:

Why help the virus hurt you? Next time you're tempted to skip a dose or two, think again...or else a "minor" drug holiday could end up being a serious threat to your health. Don't let your vacation put HIV back to work.

Call 1-888 TREAT HIV

Be Smart!

For more information on drug holidays and other helpful information on managing HIV

call 1-888-TREAT-HIV
or see www.treathiv.com

PROVEN POWER for HIV

Simplify your combination therapy

Combivir can make it easier for you to stay on your medication schedule

- *Two proven HIV therapies are in one tablet*
- *One Combivir Tablet morning and night, with or without food*
- *Helps you live a longer, healthier life*[1,2]

The safety profile of Combivir should be the same as that of Epivir® (lamivudine; 3TC®) + Retrovir® (zidovudine; AZT). The most frequent side effects associated with Epivir + Retrovir taken together are headache, upset stomach, malaise or fatigue, and runny nose. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including AZT and 3TC.

Ask your doctor about

Combivir®

lamivudine 150 mg/zidovudine 300 mg

ONE TABLET TWICE A DAY

Smarter Together

Call 1•888•TREAT HIV ext. 319 for more information or see www.treathiv.com

References: 1. CAESAR Coordinating Committee. Randomised trial of addition of lamivudine or lamivudine plus loviride to zidovudine-containing regimens for patients with HIV-1 infection: the CAESAR trial. *Lancet.* 1997; 349:1413-1421. **2.** Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. *N Engl J Med.* 1997;337:725-733.

Please see brief summary for Combivir on adjacent page.

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Printed in USA. CBV226R0 October 1998

Glaxo Wellcome HIV
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Research Triangle Park, NC 27709
Web site: www.glaxowellcome.com

BRIEF SUMMARY

COMBIVIR® Tablets (lamivudine/zidovudine tablets)

The following is a brief summary only; see full prescribing information for complete product information.

WARNING: ZIDOVUDINE, ONE OF THE TWO ACTIVE INGREDIENTS IN COMBIVIR, HAS BEEN ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING NEUTROPENIA AND SEVERE ANEMIA, PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF ZIDOVUDINE HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY.

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING ZIDOVUDINE AND LAMIVUDINE (SEE WARNINGS).

INDICATIONS AND USAGE: COMBIVIR is indicated for the treatment of HIV infection.

Description of Clinical Studies: ***COMBIVIR:*** There have been no clinical trials conducted with COMBIVIR. See CLINICAL PHARMACOLOGY for information about bioequivalence. One COMBIVIR Tablet given twice a day is an alternative regimen to EPIVIR Tablets 150 mg twice a day plus RETROVIR 600 mg per day in divided doses.

Lamivudine Plus Zidovudine: The NUCB3007 (CAESAR) study was conducted using EPIVIR 150-mg Tablets (150 mg b.i.d.) and RETROVIR 100-mg Capsules (2 x 100 mg t.i.d.). CAESAR was a multicenter, double-blind, placebo-controlled study comparing continued current therapy [zidovudine alone (62% of patients) or zidovudine with didanosine or zalcitabine (38% of patients)] to the addition of EPIVIR or EPIVIR plus an investigational non-nucleoside reverse transcriptase inhibitor, randomized 1:2:1. A total of 1816 HIV-infected adults with 25 to 250 (median 122) CD4 cells/mm^3 at baseline were enrolled: median age was 36 years, 87% were male, 84% were nucleoside-experienced, and 16% were therapy-naive. The median duration on study was 12 months. Results are summarized in Table 1.

Table 1: Number of Patients (%) With At Least One HIV Disease-Progression Event or Death

Endpoint	Current Therapy (n = 460)	EPIVIR plus Current Therapy (n = 896)	EPIVIR plus a NNRTI* plus Current Therapy (n = 460)
HIV progression or death	90 (19.6%)	86 (9.6%)	41 (8.9%)
Death	27 (5.9%)	23 (2.6%)	14 (3.0%)

*An investigational non-nucleoside reverse transcriptase inhibitor not approved in the United States.

CONTRAINDICATIONS: COMBIVIR Tablets are contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any of the components of the product.

WARNINGS: COMBIVIR is a fixed-dose combination of lamivudine and zidovudine. Ordinarily, COMBIVIR should not be administered concomitantly with either lamivudine or zidovudine.

The complete prescribing information for all agents being considered for use with COMBIVIR should be consulted before combination therapy with COMBIVIR is initiated.

Bone Marrow Suppression: COMBIVIR should be used with caution in patients who have bone marrow compromise evidenced by granulocyte count <1000 cells/mm^3 or hemoglobin <9.5 g/dL (see ADVERSE REACTIONS).

Frequent blood counts are strongly recommended in patients with advanced HIV disease who are treated with COMBIVIR. For HIV-infected individuals and patients with asymptomatic or early HIV disease, periodic blood counts are recommended.

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of antiretroviral nucleoside analogues alone or in combination, including zidovudine and lamivudine. A majority of these cases have been in women. Caution should be exercised when administering COMBIVIR to any patient, and particularly to those with known risk factors for liver disease. Treatment with COMBIVIR should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or hepatotoxicity.

Myopathy: Myopathy and myositis, with pathological changes similar to that produced by HIV disease, have been associated with prolonged use of zidovudine, and therefore may occur with therapy with COMBIVIR.

PRECAUTIONS:

General: Reduction of doses of lamivudine is recommended for patients with low body weight (less than 50 kg or 110 lb); therefore patients with low body weight should not receive COMBIVIR.

Patients With HIV and Hepatitis B Virus Coinfection: In clinical trials and postmarketing experience, some patients with HIV infection who have chronic liver disease due to hepatitis B virus infection experienced clinical or laboratory evidence of recurrent hepatitis upon discontinuation of lamivudine. Consequences may be more severe in patients with decompensated liver disease.

Patients With Impaired Renal Function: Reduction of the dosages of lamivudine and zidovudine is recommended for patients with impaired renal function. Patients with creatinine clearance ≤50 mL/min should not receive COMBIVIR.

Information for Patients: COMBIVIR is not a cure for HIV infection and patients may continue to experience illnesses associated with HIV infection, including opportunistic infections. Patients should be advised that the use of COMBIVIR has not been shown to reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Patients should be informed that the major toxicities of COMBIVIR are neutropenia and/or anemia. They should be told of the extreme importance of having their blood counts followed closely while on therapy, especially for patients with advanced HIV disease. Patients should be advised of the importance of taking COMBIVIR as it is prescribed.

Drug Interactions: Coadministration of ganciclovir, interferon-alpha, and other bone marrow suppressive or cytotoxic agents may increase the hematologic toxicity of zidovudine (see CLINICAL PHARMACOLOGY section of full prescribing information).

Carcinogenesis, Mutagenesis, and Impairment of Fertility: ***Carcinogenicity:***

Lamivudine: Lamivudine long-term carcinogenicity studies in mice and rats showed no evidence of carcinogenic potential at exposures up to 10 times (mice) and 58 times (rats) those observed in humans at the recommended therapeutic dose.

Zidovudine: Zidovudine was administered orally at three dosage levels to separate groups of mice and rats (60 females and 60 males in each group). Initial single daily doses were 30, 60, and 120 mg/kg per day in mice and 80, 220, and 600 mg/kg per day in rats. The doses in mice were reduced to 20, 30, and 40 mg/kg per day after day 90 because of treatment-related anemia, whereas in rats only the high dose was reduced to 450 mg/kg per day on day 91 and then to 300 mg/kg per day on day 279.

In mice, seven late-appearing (after 19 months) vaginal neoplasms (five nonmetastasizing squamous cell carcinomas, one squamous cell papilloma, and one squamous polyp) occurred in animals given the highest dose. One late-appearing squamous cell papilloma occurred in the vagina of a middle-dose animal. No vaginal tumors were found at the lowest dose.

In rats, two late-appearing (after 20 months), nonmetastasizing vaginal squamous cell carcinomas occurred in animals given the highest dose. No vaginal tumors occurred at the low or middle dose in rats. No other drug-related tumors were observed in either sex of either species.

At doses that produced tumors in mice and rats, the estimated drug exposure (as measured by AUC) was approximately three times (mouse) and 24 times (rat) the estimated human exposure at the recommended therapeutic dose of 100 mg every 4 hours.

Two transplacental carcinogenicity studies were conducted in mice. One study administered zidovudine at doses of 20 mg/kg per day or 40 mg/kg per day from gestation day 10 through parturition and lactation with dosing continuing in offspring for 24 months postnatally. The doses of zidovudine employed in this study produced zidovudine exposures approximately three times the estimated human exposure at recommended doses. After 24 months, at the highest dose, an increase in incidence of vaginal tumors was noted with no increase in tumors in the liver or lung or any other organ in either gender. These findings are consistent with results of the standard oral carcinogenicity study in mice, as described earlier. A second study administered zidovudine at maximum tolerated doses of 12.5 mg/day or 25 mg/day (~1000 mg/kg nonpregnant body weight or ~450 mg/kg of term body weight) to pregnant mice from days 12 through 18 of gestation. There was an increase in the number of tumors in the lung, liver, and female reproductive tracts in the offspring of mice receiving the higher dose level of zidovudine.

It is not known how predictive the results of rodent carcinogenicity studies may be for humans.

Mutagenicity: Lamivudine: Lamivudine was negative in a microbial mutagenicity screen, in an in vitro cell transformation assay, in a rat micronucleus test, in a rat bone marrow cytogenetic assay, and in an assay for unscheduled DNA synthesis in rat liver. It was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay and clastogenic in a cytogenetic assay using cultured human lymphocytes.

Zidovudine: Zidovudine was mutagenic in a L5178Y/TK$^{+/-}$ mouse lymphoma assay, positive in an in vitro cell transformation assay, clastogenic in a cytogenetic assay using cultured human lymphocytes, and positive in mouse and rat micronucleus tests after repeated doses. It was negative in a cytogenetic study in rats given a single dose.

Impairment of Fertility: Lamivudine: In a study of reproductive performance, lamivudine, administered to male and female rats at doses up to 130 times the usual adult dose based on body surface area considerations, revealed no evidence of impaired fertility (judged by conception rates) and no effect on the survival, growth, and development to weaning of the offspring.

Zidovudine: Zidovudine, administered to male and female rats at doses up to 7 times the usual adult dose based on body surface area considerations, had no effect on fertility judged by conception rates.

Pregnancy: Pregnancy Category C.

COMBIVIR: There are no adequate and well-controlled studies of COMBIVIR in pregnant women. Reproduction studies with lamivudine and zidovudine have been performed in animals (see Lamivudine and Zidovudine sections below). COMBIVIR should be used during pregnancy only if the potential benefits outweigh the risks.

Lamivudine: Reproduction studies with orally administered lamivudine have been performed in rats and rabbits at 130 and 60 times, respectively, the usual adult dose (based on relative body surface area) and have revealed no evidence of teratogenicity. Some evidence of early embryolethality was seen in the rabbit at doses similar to those produced by the usual adult dose and higher, but there was no indication of this effect in the rat at orally administered doses up to 130 times the usual adult dose. Studies in pregnant rats and rabbits showed that lamivudine is transferred to the fetus through the placenta.

Zidovudine: Reproduction studies with orally administered zidovudine in the rat and in the rabbit at doses up to 500 mg/kg per day revealed no evidence of teratogenicity with zidovudine. Zidovudine treatment resulted in embryo/fetal toxicity as evidenced by an increase in the incidence of fetal resorptions in rats given 150 or 450 mg/kg per day and rabbits given 500 mg/kg per day. The doses used in the teratology studies resulted in peak zidovudine plasma concentrations (after one-half of the daily dose) in rats 66 to 226 times, and in rabbits 12 to 87 times, mean steady-state peak human plasma concentrations (after one-sixth of the daily dose) achieved with the recommended daily dose (100 mg every 4 hours). In an additional teratology study in rats, a dose of 3000 mg/kg per day (very near the oral median lethal dose in rats of 3683 mg/kg) caused marked maternal toxicity and an increase in the incidence of fetal malformations. This dose resulted in peak zidovudine plasma concentrations 350 times peak human plasma concentrations. No evidence of teratogenicity was seen in this experiment at doses of 600 mg/kg per day or less. Two rodent carcinogenicity studies were conducted (see Carcinogenesis, Mutagenesis, Impairment of Fertility).

Antiretroviral Pregnancy Registry: To monitor maternal-fetal outcomes of pregnant women exposed to COMBIVIR® Tablets (lamivudine/zidovudine tablets) and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers: The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV infection.

COMBIVIR: Zidovudine is excreted in breast milk (see CLINICAL PHARMACOLOGY: Pharmacokinetics: Nursing Mothers subsection of full prescribing information); however, no data are available on COMBIVIR or lamivudine. Therefore, there is a potential for adverse effects in nursing infants. **Mothers should be instructed not to breastfeed if they are receiving COMBIVIR.**

Pediatric Use: COMBIVIR should not be administered to pediatric patients less than 12 years of age because it is a fixed-dose combination that cannot be adjusted for this patient population.

ADVERSE REACTIONS:

Lamivudine Plus Zidovudine Administered As Separate Formulations: In four randomized, controlled trials of EPIVIR 300 mg per day plus RETROVIR 600 mg per day, the following selected clinical and laboratory adverse events were observed (see Tables 2 and 3).

Table 2: Selected Clinical Adverse Events (≥5% Frequency) in Four Controlled Clinical Trials With EPIVIR 300 mg/day and RETROVIR 600 mg/day

Adverse Event		EPIVIR plus RETROVIR (n = 251)
Body as a whole	Headache	35%
	Malaise & fatigue	27%
	Fever or chills	10%
Digestive	Nausea	33%
	Diarrhea	18%
	Nausea & vomiting	13%
	Anorexia and/or decreased appetite	10%
	Abdominal pain	9%
	Abdominal cramps	6%
	Dyspepsia	5%
Nervous system	Neuropathy	12%
	Insomnia & other sleep disorders	11%
	Dizziness	10%
	Depressive disorders	9%
Respiratory	Nasal signs & symptoms	20%
	Cough	18%
Skin	Skin rashes	9%
Musculoskeletal	Musculoskeletal pain	12%
	Myalgia	8%
	Arthralgia	5%

Pancreatitis was observed in three of the 656 adult patients (<0.5%) who received EPIVIR in controlled clinical trials. Selected laboratory abnormalities observed during therapy are listed in Table 3.

Table 3: Frequencies of Selected Laboratory Abnormalities Among Adults in Four Controlled Clinical Trials of EPIVIR 300 mg/day plus RETROVIR 600 mg/day*

Test (Abnormal Level)	EPIVIR plus RETROVIR % (n)
Neutropenia (ANC<750/mm^3)	7.2% (237)
Anemia (Hgb<8.0 g/dL)	2.9% (241)
Thrombocytopenia (platelets<50,000/mm^3)	0.4% (240)
ALT (>5.0 x ULN)	3.7% (241)
AST (>5.0 x ULN)	1.7% (241)
Bilirubin (>2.5 x ULN)	0.8% (241)
Amylase (>2.0 x ULN)	4.2% (72)

ULN = Upper limit of normal.
ANC = Absolute neutrophil count.
n = Number of patients assessed.
*Frequencies of these laboratory abnormalities were higher in patients with mild laboratory abnormalities at baseline.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-approval use of EPIVIR and/or RETROVIR. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to a combination of their seriousness, frequency of reporting, or potential causal connection to EPIVIR and/or RETROVIR.

Endocrine and Metabolic: Hyperglycemia.
General: Sensitization reactions (including anaphylaxis), vasculitis.
Hepatobiliary Tract and Pancreas: Lactic acidosis and hepatic steatosis (see WARNINGS), pancreatitis.
Musculoskeletal: Muscle weakness with CPK elevation, rhabdomyolysis.
Nervous: Seizures.
Skin: Alopecia, erythema multiforme, Stevens-Johnson syndrome, urticaria.

OVERDOSAGE:

COMBIVIR: There is no known antidote for COMBIVIR.

Lamivudine: One case of an adult ingesting 6 grams of lamivudine was reported; there were no clinical signs or symptoms noted and hematologic tests remained normal. It is not known whether lamivudine can be removed by peritoneal dialysis or hemodialysis.

Zidovudine: Acute overdoses of zidovudine have been reported in pediatric patients and adults. These involved exposures up to 50 grams. The only consistent findings were nausea and vomiting. Other reported occurrences included headache, dizziness, drowsiness, lethargy, confusion, and one report of a grand mal seizure. Hematologic changes were transient. All patients recovered. Hemodialysis and peritoneal dialysis appear to have a negligible effect on the removal of zidovudine while elimination of its primary metabolite, GZDV, is enhanced.

DOSAGE AND ADMINISTRATION: The recommended oral dose of COMBIVIR for adults and adolescents (at least 12 years of age) is one tablet (containing 150 mg of lamivudine and 300 mg of zidovudine) twice daily.

Dose Adjustment: Because it is a fixed-dose combination, COMBIVIR should not be prescribed for patients requiring dosage adjustment such as those with reduced renal function (creatinine clearance ≤50 mL/min), those with low body weight (<50 kg or 110 lb), or those experiencing dose-limiting adverse events.

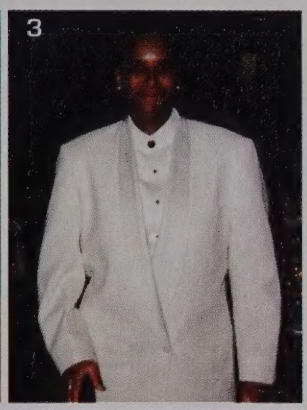
US Patent Nos. 5,047,407; 4,818,538; 4,828,838; 4,724,232; 4,833,130; and 4,837,208

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

Lamivudine is manufactured under agreement from Biochem Pharma Inc.
Laval, Quebec, Canada

May 1998/RL-589



1 Atlanta Playwrite **Dr. Shirlene Holmes** performing at Drama Divas, New York City. **2 Board of GMAD** with NYC Councilman Phil Reed. **3 Ingrid Barnes** of the Westchester Gay & Lesbian Center.

These women attended the 20th Anniversary of Astrea National Lesbian Foundation at the Sheraton NYC

4 (L to R) Author Cathy Cohen, Author Cheryl Clarke of Rutgers University, **E. Frances White, and Gerald Fergeson. 5 (L to R) Tracey Little** of African Ancestral Lesbians United for Societal Change, AALUSC, **Glazia Mullen, and Collette Carter. 6 (L to R) Lori Coleman, Candice Boyce** or AALUSC, **Karen Sebastian, Christine Edwards, Phyllis Brower, and Norma Lowry. 7 (L to R) Delcia Clarence, Kim Ford, and Dulce Reyes** of AALUSC.

A Career in Computers: Getting Your Foot in the Door!

Everyone has at least one friend who 'works with computers.' We want to know how to get into the computer field. The question is: how? In this day and age a computer degree, although preferred by the majority of companies, is not necessary. If you're willing to sharpen your skills and place yourself on the techincal market, getting your foot into the door can prove to be a lucrative career option.

FIRST:

PURCHASE A COMPUTER!

Like most electronic equipment, computer prices are falling at a steady rate and can be purchased at prices around the $1000 mark. Purchasing a computer is like a car sale, however. Don't go to a showroom to get a Ferrari because it looks good: focus on functionality! Bring a knowledgeable friend with you to purchase one so that they can help you decide what computer equipment and protection plans work best for you and your budget . If a computer is not in your budget, consider utilizing one at the local library, educational institution, or cybercafés-a combination of a café and a computer lab.

SECONDLY:

GET IN ON THE GROUND FLOOR

Try applying for a part-time or even a full-time position as customer support technician. Many companies are willing to train new employees in various hardware and software skills that would assist their clients. Specialization of this sort will help you discover what facet of the computer field you would like to explore. Also remember that most computer companies are hiring not only people who are technologically astute but who also have good customer relation and communication skills as well.

AND FINALLY:

DON'T BE AFRAID TO ASK QUESTIONS

Ask your friends in the computer field about their strategies and technical career moves. Most likely you'll find that your questions and challeges are common. Breaking into the computer field is not easy. Like everything else it requires hard work and perseverance. Also, the computer field is multi-faceted and volatile, so be prepared for change! Good luck!

—Eric Flavors

in the pocket!

If you've finally gotten over lugging your laptop around, then new IBM WorkPad PC Companion offers instant, portable access to an address book, date book, memo pad and to do list with technology that fits neatly into your pocket [or pocketbook!]. You can manage time, tasks and e-mail; track contracts, customers and expenses, get fast access to important business and enterprise data, and streamline communications with convenient e-mail and Internet connectivity. The synchronizing cradle provides simple and quick one-button data backup and synchronization between the WorkPad and a desktop PC. For a list of other features and information about the new IBM WorkPad PC Companion, visit http://www.venus-magazine.com/ibm.html or call 1-888-426-5800.

Be sure to give the Venus Magazine Online Priority Code, 6G8CB006, for your special discount! For each WorkPad ordered, a donation will be made directly to the National Black Lesbian & Gay Leadership Forum.

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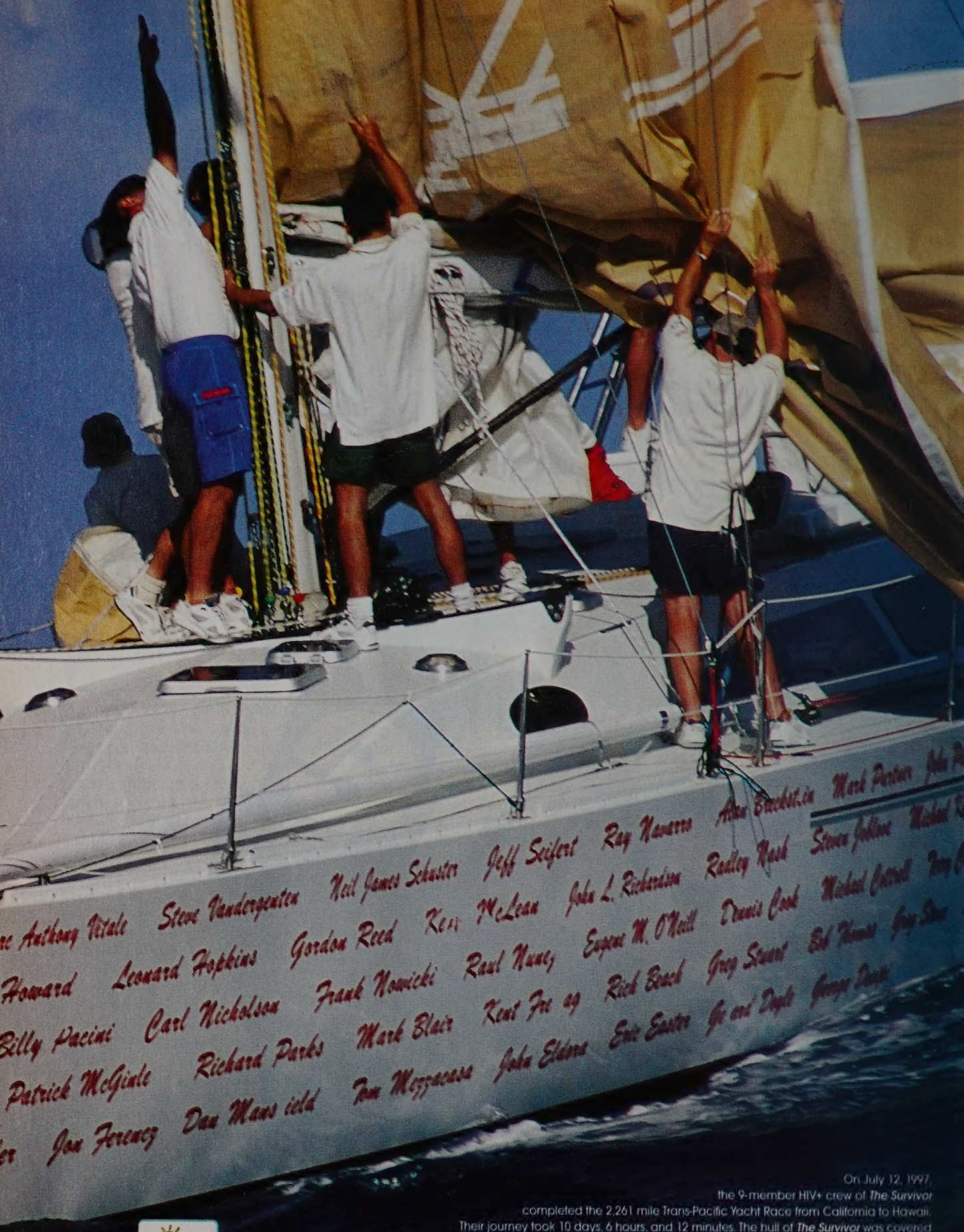
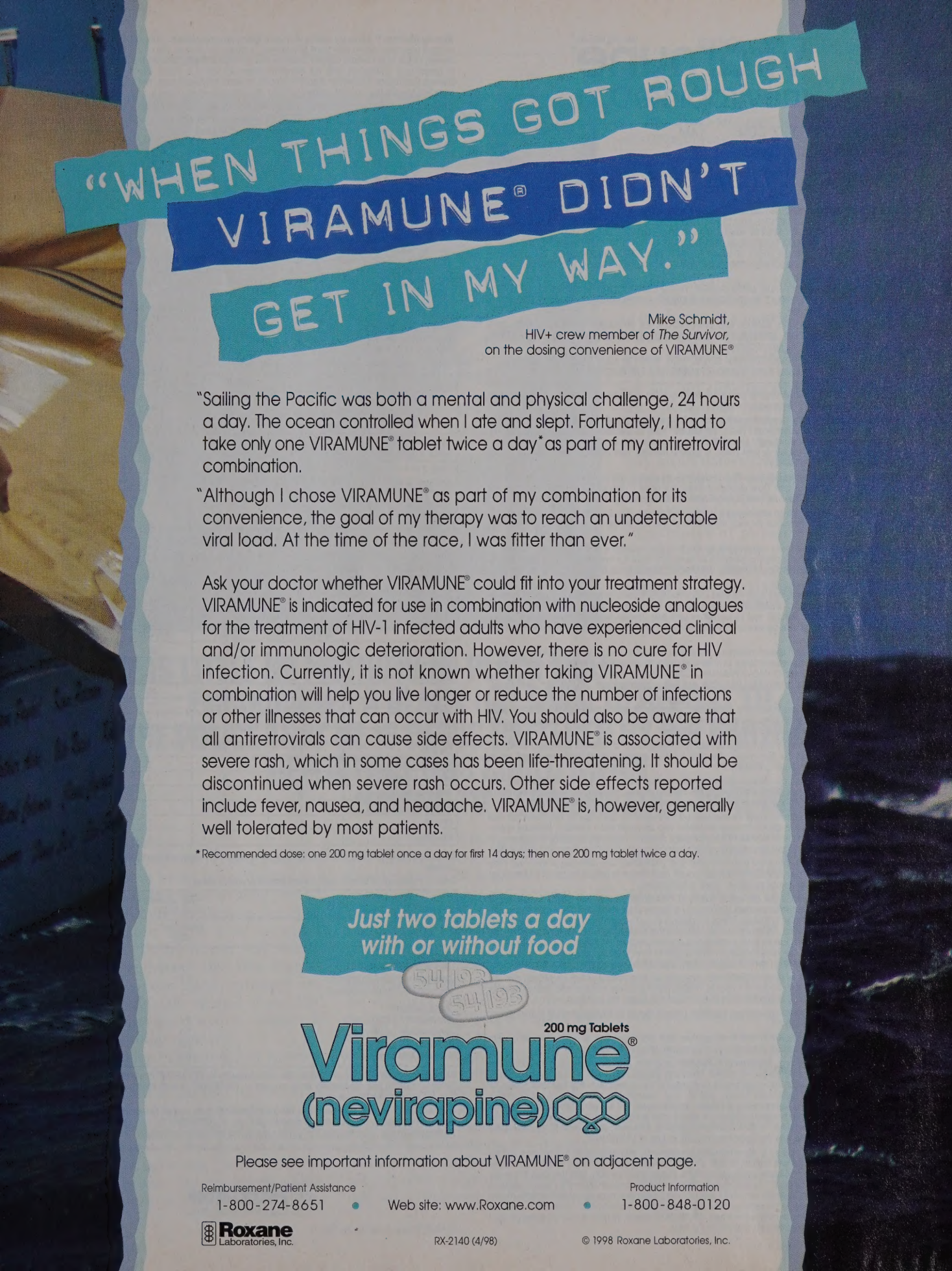


On July 12, 1997, the 9-member HIV+ crew of *The Survivor* completed the 2,261 mile Trans-Pacific Yacht Race from California to Hawaii. Their journey took 10 days, 6 hours, and 12 minutes. The hull of ***The Survivor*** was covered with the names of friends who had lost their battle with AIDS. These "Angels on the Hull" accompanied the crew through the long days and nights of their odyssey, inspiring them to succeed. **Roxane** applauds the efforts of "Get Challenged" and all HIV+ men and women—*not just for surviving, but for achieving.* For more information, call 1-800-328-4102.



"WHEN THINGS GOT ROUGH VIRAMUNE® DIDN'T GET IN MY WAY."

Mike Schmidt,
HIV+ crew member of *The Survivor*,
on the dosing convenience of VIRAMUNE®

"Sailing the Pacific was both a mental and physical challenge, 24 hours a day. The ocean controlled when I ate and slept. Fortunately, I had to take only one VIRAMUNE® tablet twice a day* as part of my antiretroviral combination.

"Although I chose VIRAMUNE® as part of my combination for its convenience, the goal of my therapy was to reach an undetectable viral load. At the time of the race, I was fitter than ever."

Ask your doctor whether VIRAMUNE® could fit into your treatment strategy. VIRAMUNE® is indicated for use in combination with nucleoside analogues for the treatment of HIV-1 infected adults who have experienced clinical and/or immunologic deterioration. However, there is no cure for HIV infection. Currently, it is not known whether taking VIRAMUNE® in combination will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. You should also be aware that all antiretrovirals can cause side effects. VIRAMUNE® is associated with severe rash, which in some cases has been life-threatening. It should be discontinued when severe rash occurs. Other side effects reported include fever, nausea, and headache. VIRAMUNE® is, however, generally well tolerated by most patients.

* Recommended dose: one 200 mg tablet once a day for first 14 days; then one 200 mg tablet twice a day.

Just two tablets a day with or without food

200 mg Tablets

Viramune®
(nevirapine)

Please see important information about VIRAMUNE® on adjacent page.

Reimbursement/Patient Assistance
1-800-274-8651 • Web site: www.Roxane.com • Product Information 1-800-848-0120

Roxane Laboratories, Inc.

RX-2140 (4/98)

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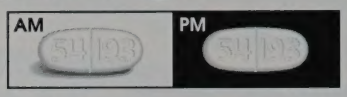
Viramune®
200 mg Tablets

(nevirapine)

Simple maintenance dose:
one 200 mg tablet twice daily



BRIEF SUMMARY

WARNING:

VIRAMUNE® (NEVIRAPINE) IS INDICATED FOR USE IN COMBINATION WITH NUCLEOSIDE ANALOGUES FOR THE TREATMENT OF HIV-1 INFECTED ADULTS WHO HAVE EXPERIENCED CLINICAL AND/OR IMMUNOLOGIC DETERIORATION. THIS INDICATION IS BASED ON ANALYSIS OF CHANGES IN SURROGATE ENDPOINTS IN STUDIES OF UP TO 48 WEEKS DURATION. AT PRESENT, THERE ARE NO RESULTS FROM CONTROLLED CLINICAL TRIALS EVALUATING THE EFFECT OF VIRAMUNE® WITH NUCLEOSIDE ANALOGUES ON THE CLINICAL PROGRESSION OF HIV-1 INFECTION, SUCH AS THE INCIDENCE OF OPPORTUNISTIC INFECTIONS OR SURVIVAL.

THE DURATION OF BENEFIT FROM ANTIRETROVIRAL THERAPY MAY BE LIMITED. ALTERATION OF ANTIRETROVIRAL THERAPIES SHOULD BE CONSIDERED IF DISEASE PROGRESSION OCCURS WHILE PATIENTS ARE RECEIVING VIRAMUNE®.

RESISTANT VIRUS EMERGES RAPIDLY AND UNIFORMLY WHEN VIRAMUNE® IS ADMINISTERED AS MONOTHERAPY. THEREFORE, VIRAMUNE® SHOULD ALWAYS BE ADMINISTERED IN COMBINATION WITH AT LEAST ONE ADDITIONAL ANTIRETROVIRAL AGENT.

VIRAMUNE® HAS BEEN ASSOCIATED WITH SEVERE RASH, WHICH IN SOME CASES HAVE BEEN LIFE-THREATENING. WHEN SEVERE RASH OCCURS, VIRAMUNE® MUST BE DISCONTINUED.

CONTRAINDICATIONS: VIRAMUNE® is contraindicated in patients with clinically significant hypersensitivity to any of the components contained in the tablet.

WARNINGS: Severe and life-threatening skin reactions have occurred in patients treated with VIRAMUNE®, including Stevens-Johnson syndrome (SJS). VIRAMUNE® must be discontinued in patients developing a severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise. (see PRECAUTIONS, Information for Patients; ADVERSE REACTIONS)

VIRAMUNE® therapy must be initiated with a 14-day lead-in period of 200 mg/day, which has been shown to reduce the frequency of rash. Dose escalation should not occur if rash is observed during this lead-in period until the rash has resolved. (see DOSAGE AND ADMINISTRATION)

PRECAUTIONS: ***General:*** When administering VIRAMUNE® as part of an antiretroviral treatment regimen, the complete product information for each therapeutic component should be consulted before initiation of treatment.

While nevirapine is extensively metabolized by the liver and nevirapine metabolites are extensively eliminated by the kidney, the pharmacokinetics of nevirapine have not been evaluated in patients with either hepatic or renal dysfunction. Therefore, VIRAMUNE® should be used with caution in these patient populations.

Abnormal liver function tests have been reported with VIRAMUNE®, some in the first few weeks of therapy, including cases of hepatitis. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe liver function test abnormalities until liver function tests return to baseline values. VIRAMUNE® treatment should be permanently discontinued if liver function abnormalities recur on readministration.

Drug Interactions: Although clinical studies have not been conducted, induction of CYP3A by nevirapine may result in lower plasma concentrations of other concomitantly administered drugs that are extensively metabolized by CYP3A. (see CLINICAL PHARMACOLOGY) Thus, if a patient has been stabilized on a dosage regimen for a drug metabolized by CYP3A, and begins treatment with VIRAMUNE®, dose adjustments may be necessary.

Rifampin/Rifabutin: There are insufficient data to assess whether dose adjustments are necessary when nevirapine and rifampin or rifabutin are coadministered. Therefore, these drugs should only be used in combination if clearly indicated and with careful monitoring.

Protease Inhibitors: Nevirapine may decrease plasma concentrations of protease inhibitors. Therefore, until clinical data are available that evaluate the need for dose adjustments, these drugs should not be administered concomitantly with VIRAMUNE®.

Oral Contraceptives: There are no clinical data on the effects of nevirapine on the pharmacokinetics of oral contraceptives. Nevirapine may decrease plasma concentrations of oral contraceptives (also other hormonal contraceptives); therefore, these drugs should not be administered concomitantly with VIRAMUNE®.

Information for Patients: Patients should be informed that VIRAMUNE® is not a cure for HIV-1 infection, and that they may continue to experience illnesses associated with advanced HIV-1 infection, including opportunistic infections. Treatment with VIRAMUNE® has not been shown to reduce the incidence or frequency of such illnesses, and patients should be advised to remain under the care of a physician when using VIRAMUNE®.

Patients should be informed that the long-term effects of VIRAMUNE® are unknown at this time. They should also be informed that VIRAMUNE® therapy has not been shown to reduce the risk of transmission of HIV-1 to others through sexual contact or blood contamination.

Patients should be instructed that the major toxicity of VIRAMUNE® is rash and should be advised to promptly notify their physician of any rash. The majority of rashes associated with VIRAMUNE® occur within the first 6 weeks of initiation of therapy. Therefore, patients should be monitored carefully for the appearance of rash during this period. Patients should be instructed that dose escalation is not to occur if any rash occurs during the two-week lead-in dosing period, until the rash resolves. Any patient experiencing severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise should discontinue medication and consult a physician.

Patients should be informed to take VIRAMUNE® every day as prescribed. Patients should not alter the dose without consulting their doctor. If a dose is missed, patients should take the next dose as soon as possible. However, if a dose is skipped, the patient should not double the next dose.

VIRAMUNE® may interact with some drugs; therefore, patients should be advised to report to their doctor the use of any other medications.

Patients should be instructed that oral contraceptives and other hormonal methods of birth control should not be used as a method of contraception in women taking VIRAMUNE®.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term carcinogenicity studies of nevirapine in animals are currently in progress. In genetic toxicology assays, nevirapine showed no evidence of mutagenic or clastogenic activity in a battery of *in vitro* and *in vivo* assays including microbial assays for gene mutation (Ames: Salmonella strains and *E. coli*), mammalian cell gene mutation assays (CHO/HGPRT), cytogenetic assays using a Chinese hamster ovary cell line and a mouse bone marrow micronucleus assay following oral administration. In reproductive toxicology studies, evidence of impaired fertility was seen in female rats at doses providing systemic exposure, based on AUC, approximately equivalent to that provided with the recommended clinical dose of VIRAMUNE®.

Pregnancy: Pregnancy Category C: No observable teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits. In rats, a significant decrease in fetal body weight occurred at doses providing systemic exposure approximately 50% higher, based on AUC, than that seen at the recommended human clinical dose. The maternal and developmental no-observable-effect level dosages in rats and rabbits produced systemic exposures approximately equivalent to or approximately 50% higher, respectively, than those seen at the recommended daily human dose, based on AUC. There are no adequate and well-controlled studies in pregnant women. VIRAMUNE® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Preliminary results from an ongoing pharmacokinetic study (ACTG 250) of 10 HIV-1-infected pregnant women who were administered a single oral dose of 100 or 200 mg VIRAMUNE® at a median of 5.8 hours before delivery, indicate that nevirapine readily crosses the placenta and is found in breast milk. Consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV, mothers should discontinue nursing if they are receiving VIRAMUNE®.

Pediatric Use: Safety and effectiveness of VIRAMUNE® in pediatric patients have not been established.

VIRAMUNE® has been studied in two open-label, uncontrolled trials (BI 882, BI 892) in 37 HIV-1-infected pediatric patients with a median age of 0.9 years (range: 0.1 to 15 years) who were treated for a median duration of 20.7 months. Seven patients developed rashes while receiving VIRAMUNE®. In an ongoing, controlled trial of VIRAMUNE® combination therapy in HIV-1-infected pediatric patients (ACTG 245), one of approximately 288 patients treated with VIRAMUNE® experienced Stevens-Johnson syndrome.

Because there are no data on multi-dose pharmacokinetics in children, no recommendation on dosing can be made. Based on single-dose pharmacokinetics in 9 HIV-1-infected pediatric patients (age 9 mos. to 14 years) who were administered nevirapine in a suspension formulation, it appears that oral clearance is approximately 2-fold greater in children when compared to adults.

ADVERSE REACTIONS: The most frequently reported adverse events related to VIRAMUNE® therapy were rash, fever, nausea, headache, and abnormal liver function tests.

The major clinical toxicity of VIRAMUNE® is rash, with VIRAMUNE®-attributable rash occurring in 17% of patients in combination regimens in Phase II/III controlled studies. Thirty-seven percent of patients treated with VIRAMUNE® experienced rash compared with 20% of patients treated in control groups of either ZDV+ddI or ZDV alone (Table 1). Severe or life-threatening rash occurred in 7.6% of VIRAMUNE®-treated patients compared with 1.2% of patients treated in the control groups.

Rashes are usually mild to moderate, maculopapular erythematous cutaneous eruptions, with or without pruritus, located on the trunk, face and extremities. The majority of severe rashes occurred within the first 28 days of treatment; 25% of the patients with severe rashes required hospitalization; and one patient required surgical intervention. All patients recovered. Overall, 7% of patients discontinued VIRAMUNE® due to rash.

Table 1: Percentage of patients with rashes in controlled trials[a]

	ACTG 241[b]		BI 1037		BI 1011		COMBINED DATA	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV	NVP+ZDV	ZDV	NVP	CONTROL
n	197	201	30	30	25	24	252	255
Rash events of all Grades and all causality	39.6%	23.9%	26.7%	6.7%	32.0%	4.2%	37.3%	20.0%
Grade 3 or 4 rash events, all causality	8.1%	1.5%	3.3%	0%	8.0%	0%	7.6%	1.2%

[a] At recommended dose of one 200 mg tablet daily for the first 14 days followed by one 200 mg tablet twice daily

[b] Trial ACTG 241 was designed to report Grade 3/4 (severe or life-threatening) events; except for several pre-specified events including rash for which all grades are reported

Table 2 lists treatment-related clinical adverse events that occurred in patients receiving VIRAMUNE® in ACTG 241 and in Trials BI 1037 and BI 1011.

Table 2: Comparative Incidence of Selected Drug-Related Events in Controlled Trials

	ACTG 241		Trial BI 1037 and BI 1011	
	Grade 3/4 events		All severities	
	NVP+ZDV +ddI	ZDV+ddI	NVP+ZDV	ZDV alone
Number of patients	197	201	55	30
Overall incidence of related adverse events	31%	23%	42%	33%
Rash	8	2	20	3
Fever	3	3	11	3
Nausea	5	4	9	3
Headache	3	3	11	0
Diarrhea	2	2	0	0
Abdominal pain	1	2	2	0
Ulcerative stomatitis	0	0	4	0
Peripheral Neuropathy	0	2	0	0
Paraesthesia	1	0	2	0
Myalgia	1	0	2	7
Hepatitis	1	0	4	0

Laboratory Abnormalities: Table 3 summarizes marked laboratory abnormalities occurring in three controlled studies.

Table 3: Percentage of patients with marked laboratory abnormalities

	Data combined for controlled trials ACTG 241, BI 1037 & BI 1011	
	VIRAMUNE® n=252	Control n=255
Hematology		
Decreased Hg (<8.0 g/dL)	1.2%	2.0%
Decreased platelets (<50,000/mm³)	0.8	0.8
Decreased neutrophils (<750/mm³)	11.1	10.2
Blood chemistry		
Increased ALT (>250 U/L)	3.4	3.5
Increased AST (>250 U/L)	2.0	2.4
Increased GGT (>450 U/L)	2.4	1.2
Increased total bilirubin (>2.5 mg/dL)	0.4	1.2

Asymptomatic elevations in GGT levels are more frequent in VIRAMUNE® recipients than in controls. Because hepatitis has occasionally been reported in VIRAMUNE®-treated patients, monitoring of liver function tests should be considered.

OVERDOSAGE: There is no known antidote for VIRAMUNE® overdosage. No acute toxicities or sequelae were reported for one patient who ingested 800 mg of VIRAMUNE® for one day.

CAUTION FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

Roxane Laboratories, Inc.

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RX-2140 (4/98)

ERNEST MONTGOMERY

contrary, these men present themselves as charming, wonderful, caring and sensitive during dating and the early stages of a relationship. And likewise, no one enters a relationship expecting or wanting to be battered.

In order to determine whether you are in an abusive relationship, it is helpful to understand the definition of battering. Ann Jones, author of *Next Time She'll Be Dead: Battering & How to Stop It*, says, "Battering is not a series of isolated blowups. It is a process of deliberate intimidation intended to coerce the victim to do the will of the victimizer. The batterer is not just losing his temper, not just suffering from stress, not just manifesting "insecurity" by something the victim did. These are excuses for violence." Island and Letellier define "gay men's domestic violence" as any unwanted physical, psychological abuse, or material or property destruction inflicted by one man on another.

Examples of physical violence include forced anal, oral, or genital contact, being choked, punched, kicked, pushed, shoved, slapped, grabbed, or being forced to have sex without a condom.

THERE IS LITTLE OR NOTHING IN PLACE THAT ENCOURAGES A BLACK GAY MAN TO REPORT TO THE POLICE THAT HE IS BEING BATTERED BY HIS PARTNER. REPORTING THIS COULD MEAN HAVING TO ACKNOWLEDGE THAT HE IS GAY.

continued from page 19

lovers' quarrel, that it's just a fight or it's just boys being boys. We look for every possible excuse to deny that we have a serious problem in our community, but there is no escaping the facts. David Island and Patrick Letellier, authors of Men *Who Beat the Men Who Love Them*, estimate that their are 500,000 victims of gay battering each year, with a number of these resulting in death.

In addition to denying and minimizing the severity of this problem, we say that it is not in our best interest to air our dirty laundry to a homophobic, racist and sexist community. This is especially true if dealing with law enforcement agencies. There is little or nothing in place that encourages a black gay man to report to the police that he is being battered by his partner. Reporting this could mean having to acknowledge that he is gay. He may not be ready to come out and it may not be safe to do so. Also, he risks being laughed at by the police and told to 'be a man'. It is no secret that the law enforcement community has historically been cruel to black men. Even when we are victims of a crime, we are treated as the perpetrators. Where is a black male victim of battering to go for safety?

Even as we decide whether or not to involve the police, we struggle with recognizing whether or not we are in an abusive relationship. It is difficult for us to accept that the man we fell in love with is now abusing us. It is important to understand that batterers do not walk around with a sign on their forehead that reads, "Batterer on board." On the

Examples of psychological and emotional violence include being ignored, neglected, isolated, lied to, ridiculed, having one's life threatened, threatening to leave the relationship, threatening to 'out' his sexual orientation. Examples of material or property destruction include destroying clothes, damaging vehicles, breaking furniture, windows and other valuables.

If you've begun to question whether you are in an abusive relationship, the odds are good that you are. Take the risk and talk to someone you trust about what's going on in your relationship. Also, read David Island and Patrick Letellier's book. I recommend it to anyone who wishes to learn more about gay battering and I hope that's everyone.

Ulester V. Douglas

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BATTLE OF

We all know by now that grey is thee color of the season. Ripe with secrecy and sensuality, grey is the color-or noncolor-that lurks beneath and behind everything. It is the canvas that sets off and highlights the brights championed by the color brigade: it is the secret agent hot on their trail. You may not see the gray at first, but look closer—it's there. In fact, it's everywhere. Who will win this battle of the hues?

THE HUES

pg 40 1968 ribbed stretch velvet long sleeve top by Robert E. Knight and orange quilted jean by James Livingston. Wool jersey turtleneck and wool plaid pants by James Livingston. Two-toned grey camp shirt with jersey painter pain by James Livingston. V-neck long sleeve mohair sweater by French Connection with black column skirt with patent leather trim by Robert E. Knight. Sequins fuschia mini-dress by French Connection. **pg 41** Numbered spandex Bandu top by Robert E. Knight with hot pink velvet pant by French Connection. Numbered spandex tube dress by Robert E. Knight Grey cable knit sweater by French Connection **pg 42** All the colored turtlenecks are double knit jersey by James Livingston

WARM YOUR SWEETHEART

with these treasured wool sweaters and scarves. Add color to Valentine's Day.

EDITOR: Ernest Montgomery ■ STYLIST: Ruth Geyer for Geyer's Urban Designs

THE GIFT OF GIVING

Journal and Pens: (left) All Items From: Kate's Paperie, Nocentini-Brown Leather $34.00, La Obra-Tan Leather $110, Sterling Silver Fountain Pen-$395, Black Resin & Gold $425, (top left) **Gold items** Magnum Vueve Cliquot Champagne $150, Giorgio Armani Gold Aviator Sunglass-$175, Retro-Dunhill 14K Gold Lighter $650, Tiffany 92s Elsa Perreti Diamond Solitaire. 25 Carat $700, Tiffany 18K Gold Knot Cuff Links $150 **Dishes:** Japanese Square Dinner Plates-Pottery Barn $9.99, Japanese Rice Bowl-Pottery Barn $5.99, Vintage Saki Bottle $45. **Pajamas:** Giorgio Armani Silk Pajamas $795. **Sweaters:** Cream Cashmere Crew-Neck by Donna Karan $550, Burnt Orange Mohair Mock Turlteneck by Byblos $230, Chocolate Cashmere Turtleneck by Barney 92s $335, Cashmere by Club Room $200, Yellow Cashmere Scarf by Christian Dior $150, Louis Vuitton Travel Bag $650

Wimmin Ski Blast '99

Looking for a cool way to heat up your Valentine? Treat her to an all-girl party on the slopes of Boston! The trip is actually scheduled for the weekend after Valentines day but that works out just fine for the scores of gorgeous sistahs preparing to leave NY on February 19-21, 1999. The signature event during the 'Blast' has got to be the 'Wear What You Dare, Even Bare' Pajama Party on Friday night! Complimentary open bar & buffet everyday! Traveling alone? Personal Personals, a black lesbian dating service, will set you up with the perfect date and will continue matchmaking for you all weekend!
For more information and reservations, call (212) 388-7025 or (718) 329-3822.

Love's Little Fire-Starters

Whether strictly F.Y.I or for more personal use, we've put together facts and a Hit List of possible potions that can kick-start the libido of the most reluctant partner!

Yohimbine, a substance derived from the yohimbe tree native to Central Africa, has long been highly regarded by aphrodisiac aficionados around the world for its high sexual potency. It produces an effect on the brain that stimulates the nerves of the spinal column, which in turn stimulate the lower torso and reproductive organs.

Pepper, used as a condiment, compounded with nettle-seed, is accredited with exciting sexual impulses. Both white and red pepper are purported to have this effect.

A mushroom tea is celebrated by the natives of Tortola, a British Virgin Island nestled in the seas f the Caribbean, each month on the night of the full moon. At this time when the magnetic forces are at their greatest, the people gather at Smuggler's Cove on the west side of the island's north shore, just over Zion Hill. A special brew of wild-mushroom tea is brewed and consumed by all who attend, and the night t ransforms into a nude swimming party and all-night festival of the senses.

An apple a day not only keeps the doctor away but could attract an intended.

Many fruits ad vegetables aside from the passion fruit are report to have aphrodisiac qualities. The list includes: peaches, peas, mangoes, grapes, lentils, figs, dates, eggplants, beet, cabbage, onions, mushrooms and mustard seed, especially for women in baths!

ROCKWELLS

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What we've always needed
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Some pursue happiness, others create it
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Prelude to a Kiss

Love Potions and Aphrodisiacs

Troubled by an obstinate lust in your life? Longing for someone who is wholly oblivious to your desires and advances? Well, perhaps it's time you turned to your mother-Mother Nature, that is-for a little assistance in the romance department.

Since Eve offered Adam that infamous apple, temptations have been enhanced and love spawned with a virtual encyclopedia of "mood enhancing elements" we collectively call Aphrodisiacs. Named after the mighty Aphrodite, the Greek goddess of Love, these stimulants have been rumored to be powerful agents for igniting the sparks of romance since ancients times. But only recently have the scientific experts given credence to the long-held wives' tales.

According to books like *A Dictionary of Aphrodisiacs* by Harry Wedeck and *Sexual Vitality: The Intimate Connection Between Health & Sexuality*, there are well-over 450 different elements and activities which cans jump-start the romantic heart. The litany includes natural elements like apples, bananas, bamboo shoots, basil, mangoes, yogurt, ginger, ginseng and garlic. There's also outlandish concoctions like lion's fat and nuocman, a Chinese aphrodisiac sauce made from dead fish! According to Wedeck's book, the list of activities you can undertake to lead to a passionate moment include kissing, ice cold showers, warm milk baths and even the study of mathematics! Maybe the high school math team really knew something we didn't after all?

Is Passion Fruit & Cognac Blend an Aphrodisiac?

For the definitive answer to the question one only need look to expert sources like Wedecek's dictionary, which provides evidence as to the "profound" aphrodisiac qualities of both passion fruit and cognac.

An oval-shaped, egg-sized fruit whose pulp and juice suggests a blend of lime, lemon, pineapple and guava, passion fruit was originally discovered by Jesuit missionaries working in the jungles of South America. According to sources like *Exotic Fruits and Vegetables* by Elizabeth Schneider and Wedeck's dictionary, the fruit has long been reported to have love-provoking qualities, both by the natives in its tropical home and the Europeans to whom the missionaries ultimately would introduce it.

According to Wedeck's dictionary cognac also has romance motivating qualities. Wedeck's book quotes an ancient text that says cognac is an "especially effective aphrodisiac, particularly with the addition of a little paprika or the yolk of an egg."

RECIPES FOR SEDUCTION

The marketers of Alize, the infinitely mixable combination of South American passion fruit and fine French cognac, have been hearing a great deal about the romance-inspiring qualities of their hot-selling product. Lovers of Alize seem to prefer their cognac served in a variety of ways. Here are a few sexy new cocktails created with Alize Red Passion, the cognac, passion fruit and cranberry beverage.

PASSIONATE MARGARITA
1 1/2 oz. Alize
1 oz. Tequila
1 oz. Lime Juice
Blend ingredients together with ice.
Pour into margarita glass. Garnish with a lime wedge.

RED PASSION MARTINI
2 1/2 oz Alize
1/2 oz. Campari
Shake with ice and serve up in a martini glass.

ALI-ROCKS
Pour 5 oz. of Alize over ice. Delicious as it is.

ALI-MOSA
2 oz. Alize, chilled
3 oz. Sparkling wine, chilled
Pour sparkling wine into champagne flute.
Add Alize. Garnish.

FRENCH BREEZE
2 1/2 oz. Alize
2 oz. Cranberry Juice
Splash of Club Soda
Combine Alize and cranberry juice in a tall glass over ice.
Add a splash of soda. Garnish.

CREDIT

Alizé
IMPORTED
Alizé
DE FRANCE
Alizé
RED PASSION

VIRACEPT IS POWERFUL It's tough on HIV. In many people, VIRACEPT lowered the amount of HIV in the blood to levels below the limit of detection of the test used, and substantially increased CD4 cell counts after 24 weeks of triple combination therapy. (The clinical significance of changes in viral RNA levels in blood has not been established. The virus may still be present in other organ systems.) **VIRACEPT IS EASY TO LIVE WITH** Take it three times a day with your normal meals or light snacks. **VIRACEPT IS GENERALLY WELL TOLERATED** People treated with VIRACEPT may experience some side effects; the most common is diarrhea of moderate or greater intensity in 20% of people in clinical trials. **VIRACEPT WORKS** It's indicated for the treatment of HIV infection when anti-HIV drug therapy is warranted. It is not yet known whether taking VIRACEPT will help you live

WHAT YOUR **PROTEASE INHIBITOR** CAN BE:

longer or reduce the number of infections or other illnesses that can occur with HIV. Some common medications and some HIV related medications should not be taken with VIRACEPT. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, and with increased bleeding in patients with hemophilia. Ask your doctor. For more information, call toll free **1-888-VIRACEPT** or visit **www.agouron.com**. (Refer to the important information on the next page.)

VIRACEPT®
nelfinavir mesylate

Agouron
Pharmaceuticals, Inc.

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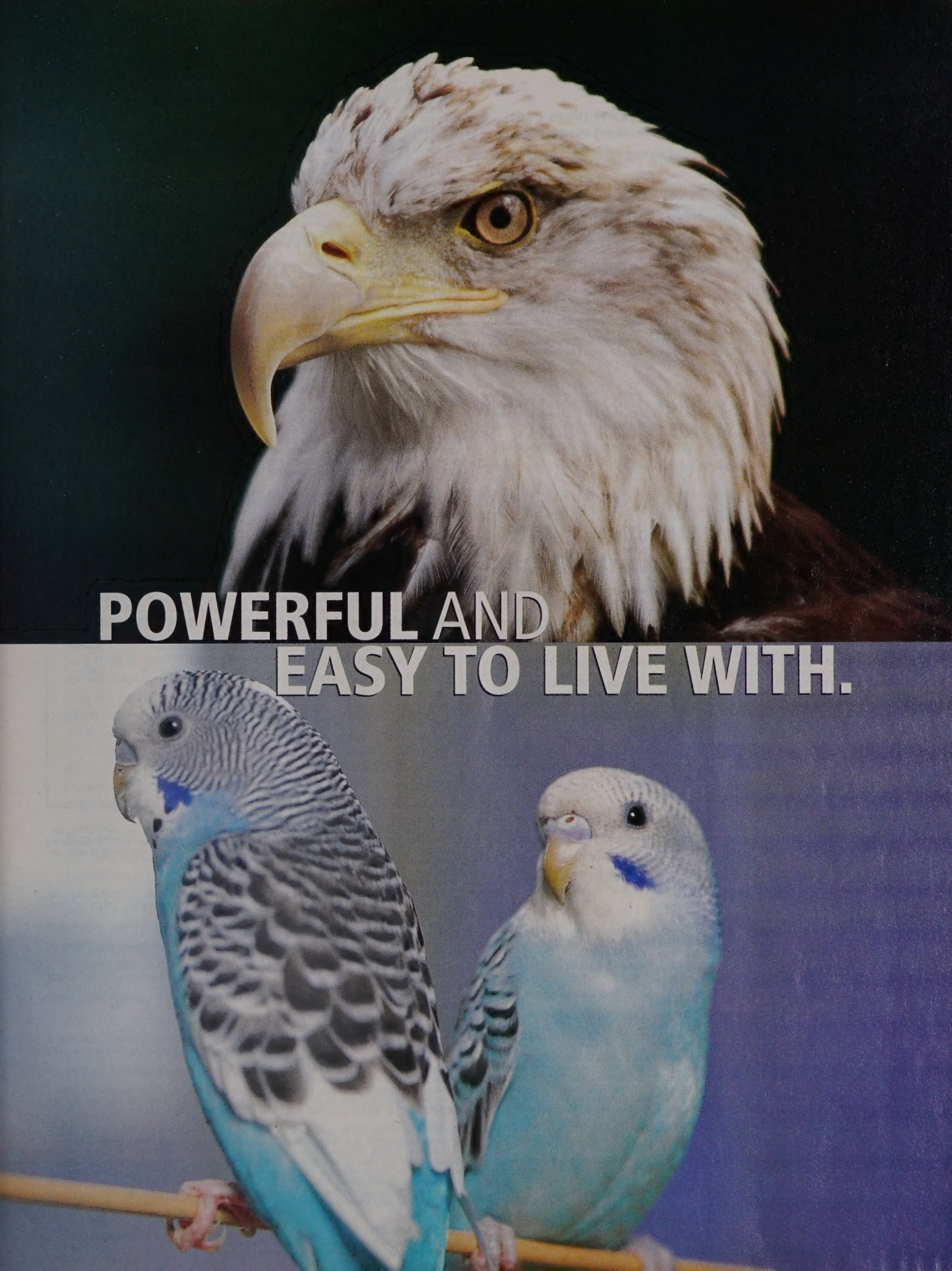
POWERFUL AND
EASY TO LIVE WITH.

VIRACEPT®
nelfinavir mesylate

Information for Patients About VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. You should be aware, however, that the effect of VIRACEPT on HIV in the blood has not been correlated with long-term health benefits. Patients who took VIRACEPT also had significant increases in their CD4 cell count.

VIRACEPT is usually taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. The long-term effects of VIRACEPT are not known at this time. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

It is not known whether VIRACEPT will help you live longer or reduce the number of infections or other illnesses that may occur.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Drugs you should <u>not</u> take with VIRACEPT:

- Seldane® (terfenadine, for allergies)
- Hismanal® (astemizole, for allergies)
- Propulsid® (cisapride, for heartburn)
- Cordarone® (amiodarone, for irregular heartbeat)
- Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin® Quinidex®, and others
- Ergot derivatives (Cafergot® and others, for migraine headache)
- Halcion® (triazolam)
- Versed® (midazolam)

  Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.
- Rifampin (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®

  This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with:

Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

- Phenobarbital
- Phenytoin (Dilantin® and others)
- Carbamazepine (Tegretol® and others)

  These agents may reduce the amount of VIRACEPT in your blood and make it less effective.
- Oral contraceptives ("the pill")

  If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

- Retrovir (zidovudine, AZT)
- Epivir (lamivudine, 3TC)
- Zerit (stavudine, d4T)
- Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT: Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

- Viramune® (nevirapine)

  The amount of VIRACEPT in your blood may be reduced. Studies are now taking place to learn about the safety of combining VIRACEPT with Viramune.
- Other NNRTIs

  VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

- Crixivan® (indinavir)

  The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Norvir™ (ritonavir)

  The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.
- Invirase® (saquinavir)

  The amount of saquinavir in your blood may be increased. If used in combination with saquinavir hard gelatin capsules at 600 mg three times daily, no dose adjustments are needed. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include abdominal pain, asthenia, nausea, flatulence, and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. The light blue VIRACEPT Tablets should be taken three times a day. VIRACEPT should always be taken with a meal or a light snack. You do **not** have to take VIRACEPT exactly every 8 hours. Instead, you can take it at normal times when you are eating.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 through 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight Kg	Body Weight Lb	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
7 to < 8.5	15.5 to <18.5	4	1	-
8.5 to <10.5	18.5 to <23	5	1¼	-
10.5 to <12	23 to <26.5	6	1½	-
12 to <14	26.5 to <31	7	1¾	-
14 to <16	31 to <35	8	2	-
16 to <18	35 to <39.5	9	2¼	-
18 to <23	39.5 to <50.5	10	2½	2
≥23	≥50.5	15	3¾	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

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Issued 11/13/97

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How exciting to get the assignment of interviewing Jewelle Gomez, the author of *Don't Explain* and *The Gilda Stories.* Thank goodness for the electronic age, since we live on opposite sides of the country! I caught Jewelle in her crowded office at the Poetry Center on the campus of San Francisco State University. Between picking up phone calls and talking to staff members who were barraging her with questions, she reviewed my email. Her major distraction, she tells me, though, was the fog rolling in over Mount Davison, which she watched from her office window.

FROM THE DE SK OF JEWELLE GOMEZ

First, Jewelle, we'd like to know about your newest book, Don't Explain

Don't Explain is a collection of short stories. I wanted a collection in which desire played a major part in many of the stories. In *White Flower,* a woman has to reconsider a sexual relationship she has. It is so hot when they're in the bed, but they can't sustain a personal connection out in the world. In another, an older woman has to decide if she's so afraid of growing older she can't accept her own desire for a young woman. Only a couple of the stories are not about desire specifically: *Steps* is about a woman who finally overcomes her sexual abuse, for example.

You were a journalism major, yes? How did you make the switch from reporter to fiction and playwright?

Because I came of age during the Black Arts Movement, I accepted the idea that art and politics are inextricably linked. I imagined I'd be a journalist reporting from some war-torn country or from the site of a civil rights picket line. And I did some writing like that for public tv in the late 1960s for *Say Brother* (WGBH) and in New York. Later, when I got my masters degree in journalism, I still had some of that fantasy in my head. It took a while to understand what I could write about since I didn't see my life reflected anywhere. When I saw Ntozake Shange's stage presentation, *For Colored Girls Who Have Considered Suicide When the Rainbow is Enuf* I realized that I didn't need to just report other people's stories I could write my own—stories about women.

I want to write about people who come to realize that they're responsible for change and accept their own ability to act, not simply react. I write alot about family and community and how we can form and reform them so we are part of a larger circle—not just out there in the world on our own.

Is your writing an act of revolution? How? Why?

In my mind, my writing is an act of revolution for a couple of reasons. First just overcoming all of society's roadblocks to my being a writer. Growing up colored and poor in the 1950s, I was offered more discouragement than support for that goal. Not from my family, but from school teachers, guidance counselors and from the general culture which creates the images that help shape who we are.

What are your goals as a writer? Where do you see your writing taking you?

I want to explore the idea of biomythography that Audre Lorde raised when she wrote *Zami.* I'm researching and writing a biomythograph of my great grandmother entitled *Grace A.* (The first chapter is in my new collection of stories) and I want to continue doing what I started with *Gilda.* That is, to take ordinary people and see where their lives are extraordnary. To take facts and embroider them to creatic an epic narrative that both entertains and enlightens. I have two long pieces I'd like to do in that vein.

And I'd like to write another play. There's nothing like live performance. Across this country—from Maine to Seattle, people of all types gave standing ovations to my play which featured black, lesbian vampires learniwng about self determination. I've always loved the energy of theatre—I worked as a stage manager in NYC for 10 years, and I wrote a monologue for my new book.

Is there some pearl of wisdom you'd like to share with us in closing?

Yes. The business of writing is a cynical one—driven more and more by profit as defined by multinational corporations—not publishers. Independent presses such as Firebrand, which publishes my work, are becoming rarer so it's important to support them and the independent bookstores which always offer more variety. I go to my local independent bookstores all the time to order books and skip the chains. As a writer who's never going to sell like Danielle Steele or Terry MacMillan, and a reader who wants variety, it's crucial that independent bookstores and publishers stay in business.

Kathleen E. Morris is author of Speaking in Whispers.

The Truth That Never Hurts: Writings on Race, Gender, and Freedom

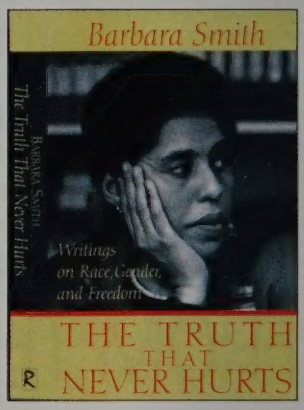
by Barbara Smith
Rutgers University Press 1998, Cloth, $22.00
ISBN 0-8135-2573-X

Barbara Smith brings together for the first time more than two decades of literary criticism and political thought about gender, race, sexuality, power and social change. Smith has done groundbreaking work in defining a black women's literary tradition; in examining the sexual politics of the lives of black and other women of color; and in representing the lives of black lesbians and gay men.

Excerpt from *The Truth That Never Hurts:*

"Perhaps the most maddening question anyone can ask me is 'Which do you put first, being Black or being a woman, being Black or being gay?' The underlying assumption is that I should prioritize one of my identities because one of them is actually more important than the rest or that I must arbitrarily choose one of them over the others for the sake of acceptance in one particular community."

—from the essay "Blacks and Gays: Healing the Great Divide"

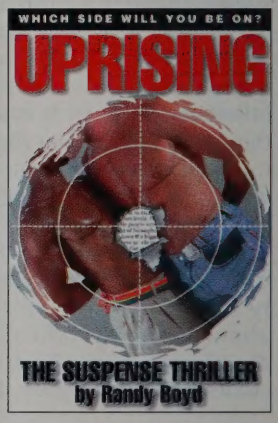


Uprising

by Randy Boyd
West Beach Books, 19998 Softcover, $11.95
ISBN 0-9665333-7-2

At the heart of this thriller is a game of mental and physical cat and mouse between two men–one black and gay, the other straight and white. Self-described as 'The Black Gay Michael Crichton', Boyd's book asks 'What if a pop star as famous as Michael Jackson or Madonna, an athlete as big as Michael Jordan and a tycoon as powerful as Ted Turner were all secretly gay? What if they all joined forces to assassinate a Jessie Helms-type senator? What if the FBI got wind of this and assigned a straight undercover agent who's a tough, blond, muscular, ex-athlete, chosen because the bureau knows the pop star has an attraction to tough, blond, muscular ex-athletes? The agent wants the glory of busting a case he hopes will be bigger than O.J., but won't get what he needs–information and evidence–unless he truly becomes a gay man in every way.

"There's an activist character named Freedom that I wrote as a white person," says Boyd. "But I swear Dennis Rodman would be perfect as him in a movie version."



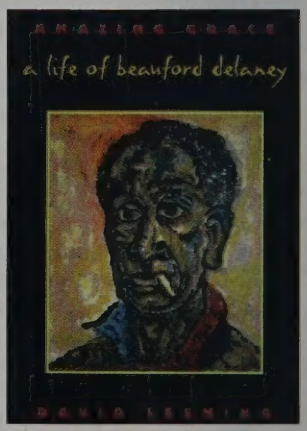
David Leeming, Amazing Grace: A Life of Beauford Delaney

New York: Oxford University Press, 1998.
Hardcover: $30.00.
ISBN 0 19 509784X.

Beauford Delaney (1901-1979) was an African-American artist, whose preferred format was the portrait. Over his career, he painted hundreds offaces, including subjects he admired from afar, such as Marian Anderson and Robert F. Kennedy, and close friends like James Baldwin. Delaney crafted abstract likenesses that captured the essence of character: the self-assurance of the diva Anderson, the optimism of a young Baldwin. In Delaney's self-portraits, we find aspects of the artist himself: cosmopolitan and suave in one, searching and disconnected in another.

David Leeming (once Baldwin's secretary) ably chronicles Delaney's journey, from his birthplace of Knoxville, Tennessee, to Boston, New York, and Paris. In these locales, we gain glimpses of Delaney's overlapping identities (homosexual, artistic, black, expatriate), triumphs, and struggles. Ambivalent about his sexuality, he often tried to repress his desire. This is the stuff of tragedy, compounded by Delaney's alcoholism and mental illness. And yet, the book does deliver its promise: the evidence of Delaney's "amazing grace," what the artist himself called "the love and faith needed for the simple truth."

Jacqueline Francis



the bull-jean stories

by sharon bridgforth
RedBone Press 1998, Softcover, $12.00
ISBN 0-9656659-1-7

sharon bridgforth is founder/writer/ artistic director of the root wy'mn theatre company in Austin, Texas.

Using traditional storytelling and nontraditional verse to chronicle the course of love returning in the lifetimes of one woman-loving-woman named bull-dog-jean, the bull-jean stories give cultural documentation and social commentary on African-American herstory and survival. Set in the rural South of the 1920s, the bull-jean stories herald the spirit of African-American people.

"...for my daughter/myself and all my mothers, I need a witness that we were here and our Lives mattered..."

sharon bridgforth

So, what are writers reading?

I just finished reading Basquiat: A Quick Killing in Art by Phoebe Hoban, the first full-length biography of the Black bisexual "Art Star" of the '80's. His quick rise and early death (he overdosed at the age of 27) haunts a lot of African-American creative people who see his story as emblematic of the ways Black Genius gets first fawned over then ignored by the larger (white) culture. Basquiat comes across in the book as both victim and instigator of his own destruction, a man at times more interested in being famous than stewarding his considerable talent, and the art world of the Reagan years appears to have been little more than a stagnant pool filled with money-hungry sharks waiting for its next victim.

It's one hell of a story.

Reginald Harris, Editor of Kuumba

music review

Monifah

Mo'Hogany

Many faceless, mediocre R&B female singers stall at the gate of mass appeal and success because of poor production, bad publicity and, of course, average voices. Spanish Harlem native Monifah has the potential and the chops to rise above them all.

Her sophomore effort "Mo'Hogany" (a nod to the Diana Ross film bearing the same name) moves the 26-year old towards solidifying her place among 90s divas who can actually sing. Overall, "Mo'Hogany" offers that promise. Monifah's breathy vocals tantalize on several cuts, almost all of them ballads.

"Mo'Hogany's" lead single "Touch It," is a fun, funky tight dub jam that allows Monifah to stretch a bit. Reminiscent of Prince's "Erotic City," Monifah shows you just how bad she can be, although "Touch It" is a bit out place. It is the only uptempo cut on this disc worthy of this sister's time.

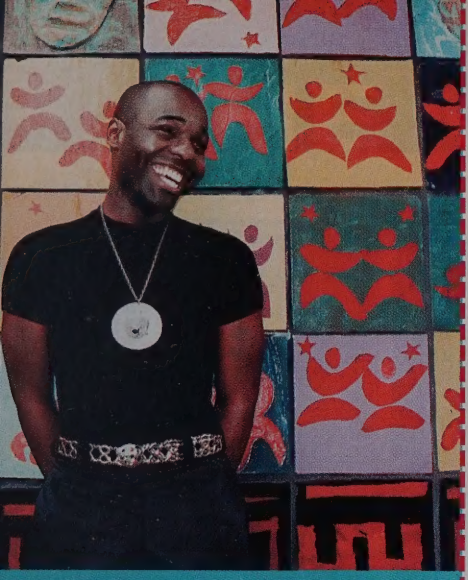
Still, Monifah delivers the goods on most of the songs on "Mo'hogany."

That said, most people looking for solid vocals and good songs will not be disappointed. On the gospel-tinged "I'm Loving You" Monifah's smoldering gifts are well on display, and make "Mo'Hogany" worth purchasing.

Steven Fullwood

PHOTOS BY TINA PAUL

1 Fred "Rerun" Berry at the '70s party at Wetlands **2 Lady Bunny, Donna Summer,** and **Flotilla DeBarge** at GMHC's post-concert reception for Donna Summer at the Rihga Royal Hotel, NYC **3 Grace Jones** and **Kevin Aviance** at her birthday celebration at Life, NYC **4** Seagoing musicians **Bobby Humphrey, Lionel Hampton,** and **Mary Wilson** cruise the Hudson to salute the Harlem Jazz and Music Festival with "An Evening at the Savoy"



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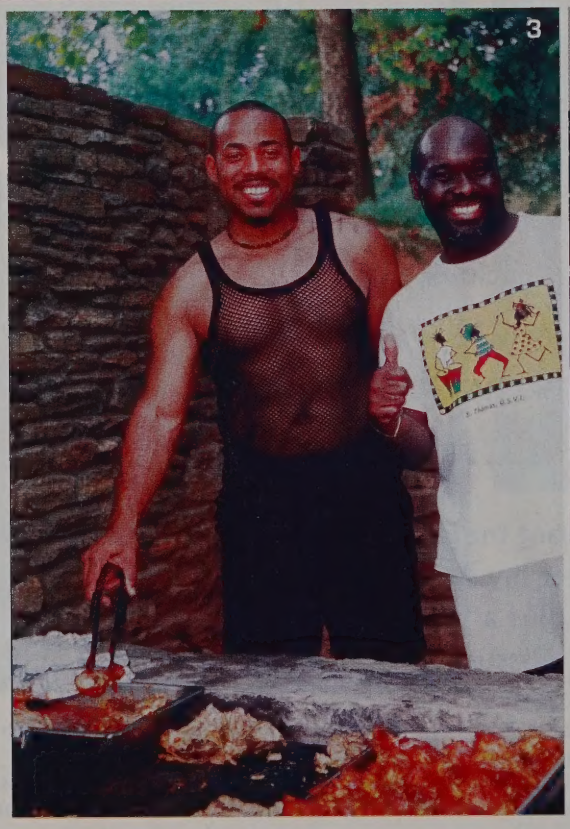
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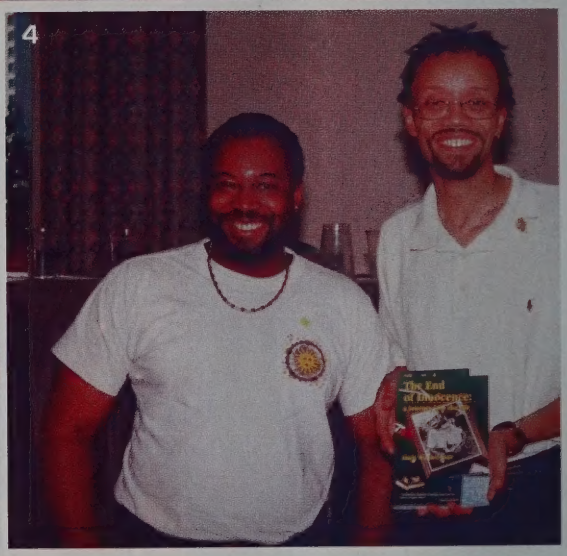

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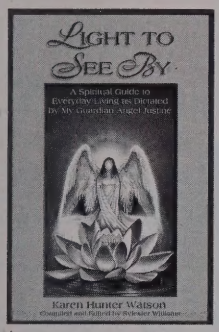
In The Life Atlanta, **1. The Gathering!** Over 600 gorgeous women packed club Jaguar to celebrate Black Pride Weekend according to event producers, Women in the Night. **2. Wear Yourself** Andre Simon wears Moshood at 'Fashion 2000-The Show of a Lifetime' **3. All in the Family** Mr. Hatcher (l) and Rev. Calvin Cooper at Black Pride Family Day in Piedmont Park **4. Black Ink** Reginald Harris (l) and Alaric Wendell Blair present their work at the ITLA Writer's Collective

THE MARKETPLACE



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BY DON CHARLES

When I think of Bill Clinton

When I think about Bill Clinton, I'm reminded of some of the wonderful things he has done for the black community and for lesbigay Americans.

Things like his "Don't Ask, Don't Tell" military policy, which has accelerated the discharge rate for servicemen and women suspected of being homosexual (in light of the Lewinsky scandal, it becomes crystal clear why the President favors not asking and not telling). Things like his signing the Welfare Reform Act, which cut the safety net outfrom under millions of poor women and children, and left them vulnerable to the political whims of various and sundry state legislatures.

Things like his swift abandonment of Assistant Attorney General nominee Lani Guinier after Republicans branded her with the racist moniker of "quota queen." Things like his forcing the resignation of an education-positive, gay-inclusive Surgeon General, Joycelyn Elders, for daring to talk about something (masturbation) in an academic forum that he dared to do in a workplace setting. Things like his gross distortion of comments made by activist Sistah Souljah in order to shore up redneck support during his first election campaign (does this man have black woman issues, or what?).

Things like his refusal to act on the recommendations of his own AIDS commission, recommendations which could make a crucial difference for countless of black, latino and gay lives at risk. Things like his indignant declaration that "marriage is for a man and a woman" and subsequent support of the Defense of Marriage Act (meanwhile, who was defending HIS marriage from dalliances with Miss Monica and God-only-knows-who-else?). And then I think about him running to the nearest black church congregation for salvation and a convenient soundbyte as soon as he gets caught with his Presidential pants down.

Black and gay voters have thrown solid support behind Bill Clinton mainly because of his often deceptive rhetoric and the presence of a few high-profile black and openly gay people in his administration. How little it seems to take to make us happy. The not-so-subtle message that the President sends with his aforementioned actions, and that we help him send by looking the other way, is that people of color in general and lesbians and gay men in particular are politically expendable constituencies who can (and should) be easily manipulated.

Such a message encourages intolerance, disrespect , and in extreme cases like the Abner Louima rape in New York and the murder of Wyoming college student Matthew Shepard, senseless violence and tragedy. Speaking as a black gay man who didn't support him during the last Presidential campaign, I think about Bill Clinton...and I think we deserve much better.

I THINK ABOUT HIM RUNNING TO THE NEAREST BLACK CHURCH CONGREGATION FOR SALVATION AND A CONVENIENT SOUNDBYTE AS SOON AS HE GETS CAUGHT WITH HIS PRESIDENTIAL PANTS DOWN.

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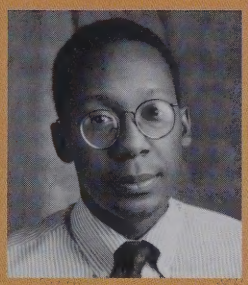

A. Cornelius Baker
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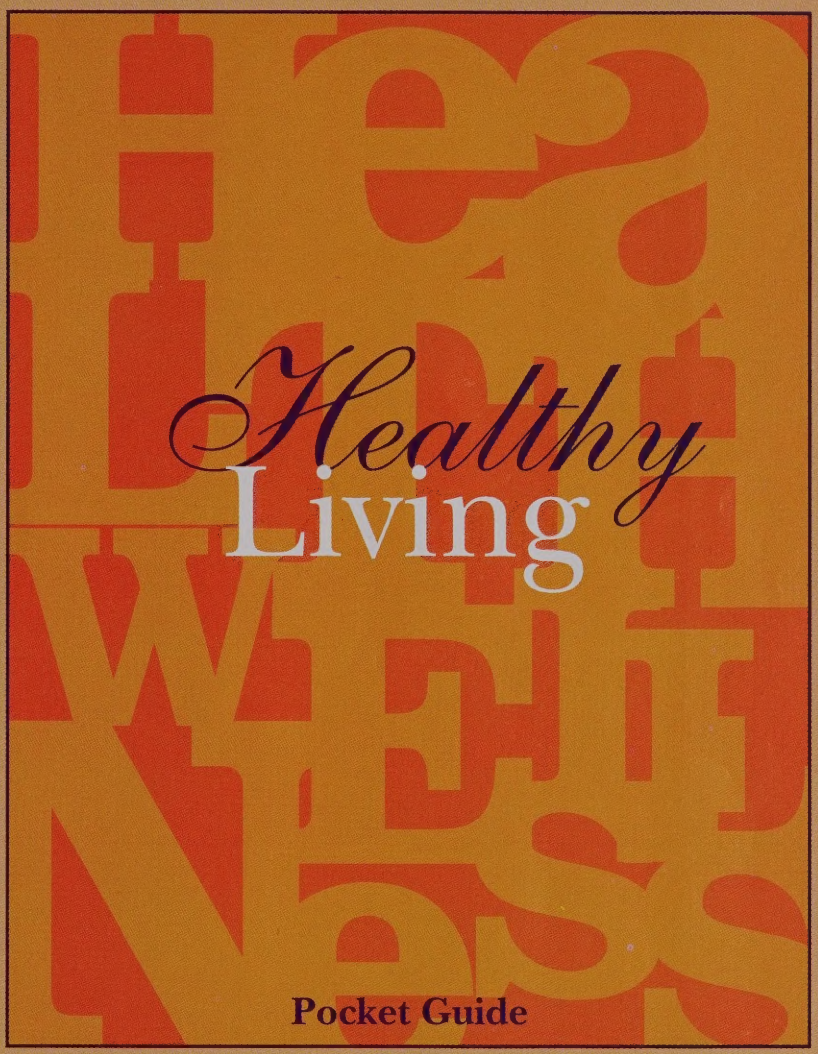

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